



Date: _____

Patient's Name: _____

Address: _____

Doctor's Certificate of Good Health for New Applicants

Your patient _____ has applied to work for the Chilliwack Society for Community Living. The Society provides a range of support services to children and adults with physical and developmental disabilities and mental health issues. Duties and responsibilities may involve providing assistance with respect to physical transfer, responding to occurrences of behavioural aggression, administering medication, addressing the physical safety and emotional needs of vulnerable people and enhancing choice, community inclusion and quality of life for persons served. Therefore, it is important that applicants are thoroughly screened for suitability prior to employment with the Society.

Please answer the following questions:

1. How long have you known the patient? (*yrs/months*) _____
2. Date of last medical? (*yyyyy-mmm-dd*) _____
3. Is your patient free from workplace communicable diseases? Yes No
4. Is your patient on any medication that might affect his or her lucidity, judgement, or his or her level of physical capacity or energy? Yes No
5. Does your patient have any restrictions in regards to lifting, transferring or physically supporting disabled individuals? Yes No
6. In your professional opinion, are there any physical, mental or emotional limitations that may prevent your patient from fully discharging his or her responsibilities and/or that may put supported persons at risk? Yes No

Comments: _____

Physician: _____
(Signature)

Physician's # _____

Physician's Stamp

