

Just Like Family Home Care

...where your family is our family, too.

950 Encore Way Suite #101 Naples, FL 34110

Phone: (239) 431-6661 Fax: (239) 431-6690 Toll-Free: (877) 434-5530

Independent Contractor Physical Form	
Name:	
Address:	
City, State, Zip:	
Home Phone:	Other Phone:
Date of Birth:	Social Security No:
Sex:	Male Female
Health (To be completed by Physician)	
<i>The information given on this form is supplied solely for the purpose of complying with Chapter 59A-18.005 Nurse Registries Standards and Licensing Registration Policies, that prior to contact with patients, each independent contractor referred for client care must furnish to the registry a statement from a health care professional that they appear to be free from communicable disease.</i>	
Is above named Individual is in good health sufficient to provide services to individuals with compromised health? Yes No	
Does the above named Individual appear to be free of communicable disease? Yes No	
Physician's name:	
Address:	
City, State, Zip:	
Phone:	Fax:
Physician's Signature:	Date: