

REPORT OF PARTICIPANT PHYSICAL EXAMINATION

(Examination is to be completed by or under the direction of a licensed physician either within 30 days prior to acceptance for admission or within 30 days prior to admission. Report is to be kept as part of the participant's permanent record.)

NAME

DATE OF PHYSICAL EXAMINATION:

ADDRESS

TELEPHONE

Diagnoses and significant problems:

Special diet or any food intolerances:

Allergies (food, medicine, animal or other):

Therapy, treatments or procedures participant is undergoing or should receive, and by whom:

Restrictions or limitations on physical activities or program participation:

Medications (Including dosages, route, and frequency of administration):

Is this person:

Capable of administering his own medications without assistance.

Not capable of administering his own medications without assistance.

Is this person:

Physically and mentally capable of self-preservation by being able to respond to an emergency, either to an area of safe refuge area or from the building, without the assistance of another person, even if he may require the assistance of a wheelchair, walker, cane, prosthetic device, or a single verbal command.

By reason of physical or mental impairment is not capable of self-preservation without the assistance of another person).

Signature: _____

Date: _____

(Please print or type physician's name here)

Address (Street, City, State, Zip Code)

Telephone: _____