

SCHOKE JEWISH FAMILY SERVICE HOME COMPANION PROGRAM

Physician's Statement

This statement is requested for purposes of the administration of the Home Companion Program. All information will be kept confidential. For:

 Home Companion Name

Summary of Home Companion's Duties: Assists elderly homebound person to live more independently. Services might include assistance in meal preparation, food shopping, transportation, general safety of the client, and participation with the client in appropriate community activities.

From the medical examination I have performed and/or from the medical information I now have, I consider this individual medically capable ___ not capable ___ (check one) of performing the duties for the above described position.

If you consider this individual "not capable", please explain. If the individual has a medical problem that in your judgement requires further examination or treatment, please explain.

Comments:

Please indicate when individual has been tested for:

TB _____ Results of PPD test or Chest X Ray _____
 Date

HIV _____ Results _____
 Date

Please attach Physical if appropriate.

 Name of Physician

 Signature of Physician

 Date

 Address of Physician

Please return completed form to: Vanessa Butler
Home Companion Program
Schoke Jewish Family Service
196 Greyrock Place
Stamford, CT 06901

