

HEALTH EXAM

MEDICAL STAFFING	
Section 1: Healthcare Professional (HCP) Informatio	n (to be completed by the GrapeTree HCP)
Last Name: First Name	e: M.I
Section 2: Physical Examination (to be completed by * The Health Exam must be performed by a Physician, Physic	
Healthcare Examiner's Name (please print):	Title:
Clinic or Practice Name:	Clinic or Practice Phone:
Clinic or Practice Address:	Date of Exam:
GrapeTree Medical Staffing Essential Functions Essential functions are those processes, procedures or behaviors the duties. HCPs must carry out several essential functions with or with patients, coworkers and the general public.	
The essential functions include the following:	
 The HCP must be able to perform visual activities involving objects, persons and paperwork as well as discriminate depth and color perception. The HCP must be able to discriminate between sharp/dull 	• The HCP must be able to lift and transfer patients up to 6 inches from a stooped position, then push or pull the patient up to 3 feet. In addition, the HCP must be able to lift and transfer patients from a stooped to an upright position to
and hot/cold while using hands.Respond and react immediately to auditory requests,	accomplish bed-to-chair and chair-to-bed transfers. • The HCP must be able to physically perform up to a 12-hour
instructions, monitor equipment, and perform auditory auscultation without auditory impediments.	shift if required. Nurses only
• The HCP must demonstrate dexterity and range of motion conducive to assisting patients and manipulating equipment without threatening harm or violating safety protocols.	 The HCP must be able to perform a patient assessment through visualization, direct and indirect auscultation, and detection of odors, palpation and percussion.
 The HCP must be able to engage in and sustain physical activity that may require sitting, standing or walking for extended periods of time. 	• The HCP must be able to physically apply up to 10 pounds of pressure to bleeding sites or in performing CPR.
Healthcare Examiner's Assessment: Please circle yes or no belo	ow.
YES / NO Based on my physical examination of the HCP an m functions, I believe he/she is mentally and physicall include patient care.	y review of GrapeTree Medical Staffing's essential y capable of carrying out the essential functions, which
Examiner's Signature:	Date:
Section 3: HCP Acknowledgment and Understandin By signing below, I acknowledge my understanding that it is or medical conditions to my healthcare provider that will profunctions as listed in the job description above. Further, I understand that if I believe I need a reasonable according to the provider that will profuse the provider that will provide the provider that will be provided the provider that will be provided the provided that will be provided the provided the provided that will be provided the provided the provided that will be provided the provided that will be provided the provided the provided that will be provided the provided the provided that will be provided the provided the provided the provided that will be provided the provid	s my responsibility to disclose any allergies, medications event me from be able to perform the essential

GrapeTree Medical Staffing. This physical examination form is not the appropriate place to indicate such a request.

Date: ___

HCP's Signature: ____