

HEALTH EXAM

Last Name: First Na	me: M.I
Section 2: Physical Examination (to be completed * The Health Exam must be performed by a Physician, Phy	
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 behavior duties. HCPs must carry out several essential functions with or v 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 accomplish bed-to-chair and chair-to-bed transfers.
 and hot/cold while using hands. Respond and react immediately to auditory requests, instructions, monitor equipment, and perform auditory auscultation without auditory impediments. 	 The HCP must be able to physically perform up to a 12-hour 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, palpitation 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 b	alow
YES / NO Based on my physical examination of the HCP an	
Examiner's Signature:	Date:
Section 3: HCP Acknowledgment and Understand By signing below, I understand that the cost of the test is it is also my responsibility to disclose any allergies, medica will prevent me from being able to perform the essential forms.	my responsibility and I acknowledge my understanding tha ations or medical conditions to my healthcare provider that
Further, I understand that if I believe I need a reasonable a GrapeTree Medical Staffing. This physical examination for	•
HCP's Signature:	Date: