



## M & D STAFFING SOLUTIONS LLC

### PHYSICIAN STATEMENT

<b>Patient Name:</b>	<b>Date</b>
<b>Address:</b>	
<b>City:</b>	
<b>State:</b>	<b>Zip:</b>
	<b>Phone:</b>
<b>Email:</b>	<b>Cell:</b>

#### Medical Information

Physician: \_\_\_\_\_

\_\_\_ I have examined the above patient, and he/she is free from communicable disease

\_\_\_ there are no lifting restrictions, and the applicant can physically perform personal care services

\_\_\_ there is no apparent evidence of substance abuse

Comments:


Signature: \_\_\_\_\_

Date: \_\_\_\_\_