Today's Homecare, Inc.
2575 East 14 Street, Unit C1,
Brooklyn, NY 11235
P: 718-650-3558 | F: 855-289-2365
www.TodaysHC.com | Info@TodaysHC.com

MEDICAL CLEARANCE FORM

Date: _____

Name: _____

To Whom it May Concern:

After reviewing medical history and job description of the above-named person, I make a determination that work can be continued/resumed as per physical and mental requirements effective ___/___/_____.

Without Limitations/Restrictions: ☐

With Limitations/Restrictions: ☐

Please list
limitations/restrictions:_____

_____

Sincerely,

_____, MD or NP

(Please use stamp with Address)