HomeCare Associates
A worker-owned company

1500 Walnut Street
Suite 1000
Philadelphia, PA 19102

Tel: (215) 735-0677
Fax: (267) 519-2945
www.homecareassociatespa.com

REQUIREMENTS

You will need to bring:

- Complete Physical with 2-step Tuberculosis- **PPD should be no more than 2 weeks apart**
- Three written letters of reference; **2 professional and 1 personal** (non-family member)
- State Identification: Social Security Card and Photo ID
- Proof of Residency **(Lease, Utility Bill, Official government document ex: Welfare Dept./Social Security or Notarized Letter from Landlord)**
- Uniforms (Scrubs any color) and white sneakers, nursing shoe/clogs

The following screenings are done at Home Care Associates

- Complete Criminal/Child abuse clearance. If you had a Criminal or Child Abuse clearance done within this year, you can bring it.
- A drug screen

EMPLOYMENT

- All home health aides must be willing to provide care for people from various backgrounds without regard to race, religion, gender, age, culture, sexual orientation, or disability.
- Have the ability to fulfill the physical requirements of the job.
- Must be willing to travel.
- Prior to training, must address any issues that may interfere with employment.
- If you successfully complete the training session and have all required documents, you may be considered for employment. Employment is not guaranteed.

Best Wishes
Home Care Associates
Workforce Development Department

May 2017

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Home Care Associates
EMPLOYMENT PHYSICAL

1500 Walnut Street
SUIYE 1000
Philadelphia, PA 19102

Name: _____ S.S. # _____

Address: _____ DOB: _____

_____ Phone: _____

SELF ASSESSMENT

Date of Last Health Screening _____

Since you last Health Screening, have you:

1. Developed any new physical or mental conditions which would limit your ability to perform the responsibilities of your job? ☐ YES ☐ NO
2. Had any injuries which would limit your ability to perform the physical functions of your job? ☐ YES ☐ NO
3. Had any restrictions in activity placed on you by a physician? ☐ YES ☐ NO
4. Been diagnosed with high blood pressure, a heart condition, hernia or back injury? ☐ YES ☐ NO
5. Had any restrictions placed on you to limit the type of work or number of hours you are able to work? ☐ YES ☐ NO
6. Been diagnosed with or treated for TB or any other communicable disease? ☐ YES ☐ NO

Please comment on any question with a YES response:

_____

_____

_____

PAST MEDICAL HISTORY

Tuberculosis	☐ YES ☐ NO	Hypertension	☐ YES ☐ NO
Kidney Disease	☐ YES ☐ NO	Seizure Disorder	☐ YES ☐ NO
Diabetes	☐ YES ☐ NO	Drug/Alcohol Abuse	☐ YES ☐ NO
Cancer	☐ YES ☐ NO	Psych/Behavior Disorder	☐ YES ☐ NO
Heart Disease	☐ YES ☐ NO	Allergies	☐ YES ☐ NO
Back Problem/Injury	☐ YES ☐ NO		

Please comment on any question with a YES response:

_____

_____

_____

I understand each of the questions above and attest that the answers and statements are true and complete.

_____ _____

EMPLOYEE SIGNATURE DATE

Name: _____ S.S. # _____

PHYSICAL EXAMINATION

Height: _____ Weight: _____ B/P: _____

SYSTEM REVIEW:

Head/Neck	Musculo-skeletal
ENT	Neuro
Respiratory	Endocrine
Cardiovascular	Skin
Abdominal/GI	Vision

Please comment on any system not WNL:

_____

_____

PPD [Mantoux] Test (TWO STEP)

Date: _____ Date: _____

Location given: _____ Location given: _____

Date read: _____ Date read: _____

Lot #: _____ Lot #: _____

Results: ☐ Negative ☐ Positive Results: ☐ Negative ☐ Positive

If positive, has employee been advised to have a chest x-ray for follow-up? ☐ YES ☐ NO

Chest X-ray ☐ Negative ☐ Positive

If positive, has an appropriate treatment regime been initiated? ☐ YES ☐ NO

Based on the health history provided and physical examination this individual's physical and emotional condition will permit him/her to work in the health care field. There is no indication that the individual would not be able to perform within the physical requirement of the job, which include visual/hearing ability sufficient to comprehend written/verbal communication, the ability to perform tasks involving physical activity, which may include heavy lifting and extensive bending and standing, and the ability to deal effectively with stress.

I find no evidence of communicable disease.

_____ _____

Physician Signature Date

_____

License Number