

# Kardel Consulting Services Inc.

## MEDICAL FORM

To: Dr. \_\_\_\_\_

Applicant: \_\_\_\_\_

The above named person is applying for a position as a Community Support Worker, supporting individuals with developmental and/or physical disabilities in a group home or day program setting.

Job requirements involve direct intimate care; supporting people with behavioural difficulties; general household chores (e.g. vacuuming, cooking etc.); lifting and transferring clients; administering medications and generally responsible for the safety and well-being of dependent persons. The person may be required to work alone on night shift, and the work may be stressful.

In your opinion, is this person able to fully and safely perform the job requirements?

Yes 9                      No 9

Is this person free from communicable diseases?

Yes 9                      No 9

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

*Kardel's mission is to help people with developmental disabilities have a good life and to respect their personal choices*