PRE-EMPLOYMENT PHYSICAL FORM

FAMILY FIRST SUPPORT CENTER, INC.

Mental Health, Developmental Disabilities & Substance Abuse Services

We promote positive life-changing results

110 SW Center Street
Mount Olive, NC 28365-2124

Phone 919 635 3344
Fax 919 635 3388

POSITION/TITLE: MENTAL HEALTH PROFESSIONAL	REQUESTING DEPARTMENT: HUMAN RESOURCES

WORKING CONDITIONS: *Working in the communities, homes and office with children and adults, and must be able to provide personal care.*

TO BE FILLED IN BY EXAMINING PHYSICIAN

DATE OF EXAMINATION: **DATE OF BIRTH:**

NAME: ***First*** ***Middle*** ***Last***

GENERAL APPEARANCE: **GOOD** **FAIR** **POOR**
(*CIRCLE*)

Explain any physical, medical, or psychological conditions that would require accommodations to perform, or prevent from performing job requirements.

GENERAL COMMENTS:

NAME OF EXAMINING PHYSICIAN: (p*lease print*) _____ **SIGNATURE:** _____

NAME OF AGENCY: _____

ADDRESS: CITY_____**STATE**_____**ZIP**_____

PHONE: _____**FAX:** _____

CABHA Certification
Critical Access Behavioral Health Agency
CARF Accreditation
Commission for Accreditation of Rehabilitation Facilities