



Health Certification

Date: _____

Purpose

The purpose of this Health Certification is to ensure that all employees in a Client Contact Position, upon beginning work with the Agency, have been properly screened for any communicable diseases that may place the Client in danger. The employee is also attesting to their having reviewed the case job description, being familiar with the tasks required of the position being taken on and are capable and fit to perform such tasks. Successive annual Health Evaluations will be conducted of the Employee as part of continued work with the Agency. Employee will, as part of employment, also comply with the Agency's Vaccination Policies and Procedures including submitting a form relating to the Influenza and Pneumococcal Vaccinations.

Acknowledgement

I _____, certify that I am free from communicable diseases and am both physically and medically qualified to perform the duties of my position as a _____ for PJS Care Services. Further, the individual indicated above has no known health condition(s) that would create a hazard to others and appears to be free from signs or symptoms of all infectious and/or communicable diseases.

Sincerely,

(Signature)