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REPORT OF PARTICIPANT PHYSICAL EXAMINATION

Examination is to be completed by or under the direction of a licensed physician either within 30 days prior to acceptance for admission or within 30 days prior to admission. Report is to be kept as part of the participant's permanent record.

NAME DATE OF PHYSICAL EXAMINATION

ADDRESS

TELEPHONE

Diagnoses and significant problems:

Special diet or any food intolerances:

ADULT CARE CENTER OF THE NORTHERN SHENANDOAH VALLEY, INC.

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Allergies (food, medicine, animal or other):

Therapy, treatments or procedures participant is undergoing or should receive, and by whom:

Restrictions or limitations on activities or program participation:

Medications (Including dosages, route, and frequency of administration):

Is this person:

- _____ Capable of administering his own medications without assistance?
- _____ Not capable of administering his own medications without assistance?

Is this person:

_____ Physically and mentally capable of self-preservation by being able to respond to an emergency, either to an area of safe refuge area or from the building, without the assistance of another person, even if he may require the assistance of a wheelchair, walker, cane prosthetic device, or a single verbal command.

_____ By reason of physical or mental impairment is not capable of self-preservation without the assistance of another person.

Is this person capable of understanding his/her rights? _____ yes _____ no

Signature: _____ Date: _____

(Please print or type physician's name here)

Address (Street, City, State, Zip Code)

Telephone: _____