



Independent Contractor Physical Form

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ - _____ - _____

Other Phone: _____ - _____ - _____

Date of Birth: ____/____/____

SS#: _____ - _____ - _____

Health (To be completed by Physician)

The information given on this form is supplied solely for the purpose of complying with Chapter 59A-18.005(6). Prior to contact with patients or clients, each independent contractor referred for client care must furnish to the registry a statement from a health care professional licensed under Chapters 458 or 459, F.S., a physician's assistant, or an advanced registered nurse practitioner (ARNP) or a registered nurse licensed under Chapter 464, F.S., under the supervision of a licensed physician, or acting pursuant to an established protocol signed by a licensed physician, dated within the last six months, that the contractor is free from communicable diseases. The independent contractor will provide this statement to the nurse registry when first referred.

Is above named Individual in good health sufficient to provide services to individuals with compromised health?

Yes No

Does the above named Individual appear to be free of communicable disease?

Yes No

Physician's name: _____

Address: _____

City, State, Zip: _____

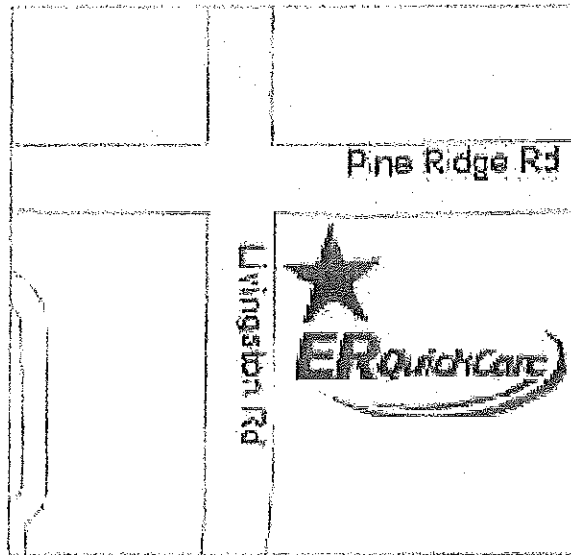
Phone: _____ - _____ - _____

Fax: _____ - _____ - _____

Physician's Signature: _____

Date: ____/____/____

ER Quick Care
13030 Livingston Road Suite 3
Naples, Florida 34105
Phone: 239-403-3772
Fax: 239-403-3770
E-mail: info@erquickcare.com
Hours: M-S 8:30 am-6:30 pm Sun. 9 am-3 pm




Directions

- ✓ Head west on Executive Drive toward Valewood Drive
- ✓ Turn left onto Valewood Drive
- ✓ Turn right onto Immokalee Road
- ✓ Turn left onto Livingston Road
- ✓ Turn left onto Pine Ridge Road
- ✓ Turn right
- ✓ Turn right
- ✓ The destination will be on the right

ER QUICK CARE

\$40 WORK PHYSICAL
\$45 DRUG SCREENING
\$35 PPD
\$75 CHEST X-RAY (THIS INCLUDES PPD)



MUST BE REFERRED BY JUST LIKE FAMILY HOME CARE. ONE TIME USE ONLY.

