

Priority Professional Care, LLC

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STATEMENT OF GOOD HEALTH

Priority Professional Care requires that all consultants performing clinical responsibilities submit a statement of good health indicating that they have no health problems that could affect their ability to perform requested clinical responsibilities which includes mental capabilities e.g. responding to emergencies quickly and safely, working in a stressful and fast-paced environment. As well as physical capabilities e.g. participating in activities with children, walking, standing, bending, stooping, stretching and lifting etc., for extended periods.

Therefore, all PPC Consultants MUST complete and sign this form in order to perform clinical duties.

Consultant's Name: _____

Company Name: _____

Role/Position: _____

I certify that I, _____ am in good physical health and can perform requested clinical responsibilities.

Consultant's Signature

Date

Consultant's Address:
