

Connected Family Home Care

Staff Member Name: _____ Date: _____

Connected Family Home Care is required to assure the health and safety of every resident that will be living in the Adult Family Home as well as staff who will be providing care to the Residents according to DHS 88.4 (2) G statute.

The licensee shall obtain documentation from a physician, a registered nurse or a Physician's Assistant, indicating that the licensee and any service provider has been screened for illnesses that could be detrimental to the residents, including Tuberculosis. This documentation is to be completed within 90 days before the start of providing services. Documentation must be kept confidential except for the licensing agency which will have access to the documentation for verification services.

The licensee shall ensure that no one who has a communicable disease reportable under ch, DHS 145 may work in a position in the Adult Family Home where the disease would present a significant risk to the health or safety of the residents.

My patient _____ has undergone a medical examination and tests and is found to be in good health and free of any communicable disease, including TB.

Physician, RN, or PA Signature