



Statement of Health

My signature on this form attests that I am free from communicable disease, generally in good health, and free from any weight lifting restrictions that would inhibit my ability to work and perform duties consistent with my job description at American Critical Care Services.

I agree and understand that it is the policy of American Critical Care Services that I will employ safe work practices at all times when lifting or turning any patient assigned to me by ACCS.

Employee Signature _____ Date _____

Please Print Your Name _____

Signature of ACCS Representative

Date