



# Ambiance Home Health Care, Inc.

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## ANNUAL HEALTH STATEMENT

Today's Date: \_\_\_\_\_

In my opinion, based on my exam

\_\_\_\_\_ (*applicant*), is physically and

mentally able to perform the duties of Home Health \_\_\_\_\_ (*discipline*)

and appears to be free of and is not at risk of communicable diseases, including tuberculosis, which

could be a potential threat to patients under the care of the company, other employees, or the

employee him/herself.

\_\_\_\_\_  
Physician's Name Printed

**X**

\_\_\_\_\_  
Physician's Signature