

Seniors in Service
Senior Companion Program

GENERAL ANNUAL PHYSICAL EXAMINATION

Name _____ Age _____ Date _____
Address _____ City _____ State _____ Zip _____

PHYSICAL EXAMINATION

Blood pressure _____ Pulse _____

Did you find any evidence of: (if you answered yes, please explain problem)

	Yes	No
Heart trouble	___	___
Lung trouble	___	___
Kidney problem	___	___
Arthritis	___	___
Cancer	___	___
Other _____		

Is the Senior Companion able to perform the following duties:

	Yes	No
Shopping	___	___
Transportation	___	___
Reading	___	___
Letter writing	___	___
Meal preparation	___	___
Companionship	___	___

If any duties were answered no please explain: _____

Examining Physician _____
Address _____

Phone _____

Physician Signature _____

Date _____