181 W. Hillcrest Avenue – Havertown, PA 19083 (610) 449-7795 – (610) 449-7796 Fax

AFFIDAVIT OF ANNUAL PHYSICAL EXAMINATION

Instructions for Employee: Please have your healthcare provider complete and sign this form. Once finished, return it to the Human Resources Department.

SECTION 1: EMPLOYEE INFORMATION

(To be completed by the Employee)

Employee Name: _____

I, the undersigned, hereby certify that I have undergone a comprehensive annual physical examination performed by a licensed healthcare professional on the date indicated below.

Employee Signature: _____ **Date:** _____

SECTION 2: PROVIDER CERTIFICATION

(To be completed by the Healthcare Provider)

To the Healthcare Provider: The individual named above is required to provide proof of an annual physical examination for Nolan Painting's records. To protect the patient's privacy, **please do not include specific diagnoses, lab results, or clinical findings.**

I, the undersigned licensed healthcare provider, certify that the patient named above has received a comprehensive physical examination.

Date of Examination: _____

Provider Name/Title: _____

Clinic/Facility Name: _____

Phone Number: _____

Provider Signature: _____ **Date:** _____