



MERSEY COMMUNITY CARE MEDICAL CLEARANCE FORM

Name: _____ DOB: ____ / ____ / ____

Address: _____ Phone: _____

In which service area do you work at Mersey Community Care? (Please circle)

Transport Office Home Maintenance Social Support

Some required tasks may include:

Transport - driving vehicles locally and long distance, assisting clients in and out of vehicles, assisting clients to secure seatbelts, lifting of walking frames, luggage and parcels into the vehicle storage compartment and refuelling the vehicle.

Home Maintenance – lawn mowing, gardening, washing windows, pressure cleaning, minor repairs and workshop.

Social Support - assisting clients into vehicles, physical assistance with shopping support, carrying and storage of groceries and parcels and in-home visiting services.

Office - filing, data entry, coordination and administration.

Reason for Medical Clearance Form and additional comments: _____

TO BE COMPLETED BY A GENERAL PRACTITIONER

I have read the above information and believe that the above person is fit to return to their duties.

_____ Signature

_____ Date

General Practitioner Stamp

Additional comments (if applicable)

APPROVED BY COORDINATOR (OFFICE USE ONLY)

TRANSPORT _____ DATE / /

HOME MAINTENANCE _____ DATE / /

SOCIAL SUPPORT _____ DATE / /

PROGRAM MANAGER _____ DATE / /

VOLUNTEER COORDINATOR _____ DATE / /