

HEALTH FITNESS STATEMENT

YES NO

		Have you had or presently have any problems with alcohol, illegal substances or drug dependency?
		Are you currently taking any medications that may affect your clinical judgment or motor skills?
		Are you under any prescribed workload limitations?
		Have you any health problems (mental or physical) that may affect your ability to be available and to properly care for patients?
		Are you currently under the care of a physician for any condition which would affect your clinical practice?
		Do you have any physical, mental or emotional condition(s) which would prevent you from performing all the functions and procedures associated with your privileges, with or without reasonable accommodation according to acceptable standards of professional performance and without posing a direct threat to patient care?

If you have answered **“YES”** to any of these questions, please describe: _____

CONFIRMATION OF APPLICANT’S DECLARATION

To the best of my knowledge, I concur with the declaration for ability to perform privileges presented by

Name of Applicant: _____

Signature of Confirming Practitioner: _____

Date: _____

Printed Name: _____