



**Annual Health Review**

Pursuant to Department of Social Services regulations, R400.14205 & R400.15205, the home must annually review the health status of all employees, including the administrator/site supervisor, direct care staff and members of the household.

**Check Only One:**

I state that during the past year, my health status has not changed.

*Emil Kallio*

Employee Signature

9/29/21

Date

I state that during the past year, my health status has changed as it relates to my ability to do the job for which I was hired, as explained herein:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature

Date

**OFFICE USE ONLY:**

Reviewed By:

Signature

Date

Action Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_