

Shyana Williams



**BEACON**  
Specialized Living

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.

Shyana Williams  
Employee Signature

10-18-20  
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:

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