



MEDICAL CLEARANCE FOR BEHAVIOR INTERVENTIONIST

Name: _____

I certify that the above named person is emotionally and mentally stable and has no physical impairments or prior injuries that would prevent them from being able to perform the job duties of a Behavior Interventionist for clients with Autism and developmental disabilities. This clearance means that the above named person can work any and all shifts (days, evenings and nights), and that some of these shifts may be up to 12 hours.

Physical Job Duties of a Behavior Interventionist:

- General Housekeeping (i.e. laundry, cleaning, bed making, etc.)
- Medication Administration
- Personal Care of Clients (i.e. bathing, toileting, etc.)
- Supporting Clients with Exercise and Walking Programs
- Participate in Non Violent Crisis Intervention.

Additional Comments: _____

Physician Signature: _____

Date: _____

Place medical clinic stamp here

Employee Statement:

I state that I have no previous injuries that would impair me from doing the above-mentioned duties.

Employee's Signature: _____

Date: _____