

ALL STAT HOME HEALTH



STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC#

5966134

DATE	LICENSE NO.	CONTROL NO.
03/21/2014	CH 11150	46407

The CHIROPRACTIC PHYSICIAN named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: MARCH 31, 2016

WILLIAM JOSEPH MAECKER


LICENSÉE SIGNATURE

PHYSICAL FORM

Employee: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Physical Examination:

I have examined the above patient and found him/her to be in satisfactory condition to work; he/she is free from signs & symptoms of communicable disease including TB and does not have any condition which would interfere with the performance of their duties, including the transfer of patients, and the provision of personal care services

Physician Signature

Date

I hereby authorize and release this information pertaining to my medical records to my employer, All Stat Home Health, Inc.

Employee Signature

Date

SRQDC
Doctor of Chiropractic

A Different Path to HEALTH

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Chiropractic Physician
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