CCMR03

Jersey Care Commission

ASSURANCE OF MEDICAL FITNESS BY MEDICAL PRACTITIONER CONFIRMING FITNESS TO PROVIDE CARE AS A DIRECTLY EMPLOYED SOLE TRADER PROVIDING HOME CARE

This should be completed by your doctor

Name of Applicant	
Date of Birth	
Address	

I the undersigned, confirm that the above applicant is physically and mentally fit in respect of his/her ability to provide care as a directly employed sole trader

Name *(print)*	**Signature**	**Date**

		Practice Stamp
Name of Practice		
Address		

The Jersey Care Commission take your data privacy very seriously, for information on what we do with your data and how we protect it see our privacy notice www.carecommission.je