Anderson Hospital
6800 State Route 162
Maryville, Illinois 62062
618-391-6140 ◆ 618-391-6141
618-288-2164 FAX
MSO@AndersonHospital.org

HEALTH STATEMENT

To be completed by the applicant:
Do you have a physical or mental condition which could affect your ability to exercise the clinical privileges requested or would require an accommodation in order for you to exercise the privileges safely and competently?

Yes _____ No _____

_____
Applicant's Name (Please print)

_____ _____
Applicant's Signature Date

Regardless of how the above question is answered, the reapplication will be processed in the usual manner. If you have answered this question affirmatively and are found to be professionally qualified for medical staff appointment and the clinical privileges requested, you will be given an opportunity to meet with an appropriate committee to determine what accommodations are necessary or feasible to allow you to practice safely.

To be completed by your Primary Care Physician (PCP):
I do hereby certify that provider listed above is in good physical and mental health to carry out the duties necessary in the performance of his/her profession.

Any limitations or restrictions placed on this healthcare provider are as follows:

Comments:

_____ _____
Primary Care Physician (please print) Date

_____
Primary Care Physician Signature