



## COVID-19: Helping Hands

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

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

In need of:

### Clinical Services

Health Assessments	Case Management
Immunization	Health Screening
Medical Surveillance	

### Non-Clinical Services

RTW Support	Absence Reporting
Fit testing	Risk Assessment
Telephone Support	Health & Safety Services

Start Date: \_\_\_\_\_

*If you are interested in this position, please contact:*

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_