



STAFF MEDICAL REPORT

(TO BE RENEWED ANNUALLY)

In order to protect both the staff and the children receiving care in this facility, there shall be on file an annual medical record of each staff member. That medical record can consist of the information asked for on this form, or a similar form supplied by the doctor, or a statement by the doctor that shows evidence of acceptable emotional and physical fitness on the part of the employee.

I. TO BE COMPLETED BY THE ADMINISTRATOR OF THE FACILITY:

Name of Applicant _____ Date of Birth _____
Position _____ Hours _____
Duties and Responsibilities will include _____

II. TO BE COMPLETED BY THE PHYSICIAN: Some lifting of young children and some picking up and moving of school equipment may be required. Since we are involved with the wholesome emotional growth of the child, we require good mental health of our employees. In your opinion, is this applicant free of disease or serious mental or emotional handicaps that would be detrimental to the children and adults with whom the applicant will be working?

In your opinion, is this applicant free of any physical defect that would prevent the performance of the above listed duties? _____

General Physical Condition _____

Evidence of required tuberculin test:

Type of test: _____ Date: _____ Result: _____

_____ (Signature of Physician)

_____ (Date of Examination)

_____ (Address of Physician)

