

# Staff Medical Report

(To be completed by all staff and placed on file within 60 days of initial employment)

**NAME** \_\_\_\_\_  
Last First Middle

**HOME ADDRESS** \_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_

## **TO BE COMPLETED BY THE PHYSICIAN:**

Some lifting of young children and some picking up and moving of furniture and equipment may be required. Since we are vitally involved with the wholesome emotional growth of the child, we require good mental and physical health of our employees.

Does this applicant have any physical condition which would limit their work with children? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this applicant currently under treatment which would preclude their work with children? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this applicant currently under treatment for any specific condition? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this applicant currently taking any medication that would affect his/her work with children? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your opinion, is this applicant emotionally and physically capable to care for children on a daily basis?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address