



Tuberculin (TB) Test

All staff members are required to have a negative test result before coming in contact with children. Volunteers and Substitutes present more than once per week must also have evidence of a negative test.

Full Name: _____

Home Address: _____

Telephone Number: _____

Evidence of tuberculin test:

Type of test: _____ Date given: _____

Results Negative Positive

Comments: _____

Signature of Authorized Health Professional: _____

Address: _____

Phone Number: _____

Staff Medical Report

Full Name: _____

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: _____

Address: _____