



Employee Health Form

**This section to be completed by employee:**

Name and Address of Employee: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Telephone Number: \_\_\_\_\_

Purpose of Exam:  Initial Employment  Re-examination

Type of Activity in Childcare (Choose one)

- Caring for children  Desk Work  Maintenance
- Food Prep  Driver  Other

**This section to be completed by Health Professional:**

Physical Examination Date: \_\_\_\_\_

Is there any reason(s) to preclude this individual from working with young children?

Explain: \_\_\_\_\_

I have examined \_\_\_\_\_ and found him/her to be in good health and to pose no health risk to others at their place of employment.

Health Care Provider comments: \_\_\_\_\_  
\_\_\_\_\_

**Tuberculin Skin Test:**

Date Planted: \_\_\_\_\_ Date Read: \_\_\_\_\_ Results: \_\_\_\_\_ mm

Date of chest x-ray (if applicable): \_\_\_\_\_ Results: \_\_\_\_\_; *attach copy of CXR report*

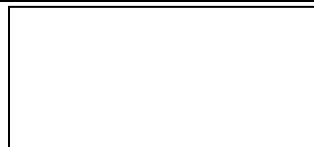
Prescribed medication: \_\_\_\_\_ Length of tx: \_\_\_\_\_

Tx completed: Yes No If No, explain:

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date



Health Care Provider Stamp