



EMPLOYEE HEALTH EXAMINATION FORM

Patient's Name: _____

I authorize Dr. _____ to release medical information concerning me to Wee Babysit, in connection with my application for employment.

Signature: _____ Date: _____

TO BE COMPLETED BY PHYSICIAN:

The above-named patient is applying for employment teaching or supervising children with Wee Babysit. Wee Babysit requires a physician's statement verifying the applicant is in good health, free from communicable disease, and able to care for children. To assist us in evaluation of the applicant, we are asking you to answer the following questions to the best of your knowledge.

1. Patient must be tested for TB within 6 months of start of employment.

Has the patient been tested for communicable TB? Yes No

Date: _____ Test: _____

Results: _____ (Note: **A Mantoux test is required with 5 TU of PPD Tuberculin.**)

A Tine test is **not** acceptable. A chest X-ray is required if the patient has had a previously positive Mantoux test. Providers who are currently pregnant or nursing are exempt from the TB requirement while pregnant or nursing.

2. Does the patient take medication? Yes No

If yes, could this medication adversely affect his or her ability to care for children?

Explain: _____

3. Does the patient have a current communicable disease? Yes No

If yes, please describe: _____

4. How would you describe the patient's general physical and mental health?

(Please check one – either A, B, or C)

A. ____ Good physical and mental health, no limitations for working with children.

B. ____ Health problem, but no limitations for working with children.

Please explain: _____

C. ____ Health problems which would limit the ability to work with children.

Please explain: _____

Physician's Name (Please Print): _____

Physician's Signature: _____

Office Address: _____

Phone Number: _____ Date of Examination: _____