

### Head Start Staff Medical Examination

\_\_\_\_\_  
Last Name                      First                                      Middle                                      Date of Birth

\_\_\_\_\_  
Mailing Address                                      City/Town                                      Zip Code

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Head Start Center: \_\_\_\_\_ Job Title: \_\_\_\_\_

What medications do you take regularly? \_\_\_\_\_  
\_\_\_\_\_

Do you have a history of; Heart Disease? \_\_\_\_\_ Seizure Disorder? \_\_\_\_\_ Diabetes? \_\_\_\_\_

Describe: \_\_\_\_\_  
\_\_\_\_\_

### Well Adult Physical Examination

Purpose of Examination: To Evaluate the employee's physical and mental capabilities of safely and effectively performing all assigned responsibilities and duties required in the supervision and care of 3, 4, and 5 year old children.

Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Respiration: \_\_\_\_\_ Temperature: \_\_\_\_\_

Any other needed information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PPD (T.B.) Date: \_\_\_\_\_ Results: \_\_\_\_\_

Employee May Lift (pounds): 1-25 \_\_\_\_\_ 26-50 \_\_\_\_\_ 51-80 \_\_\_\_\_ Over 80 \_\_\_\_\_

Any Applicable Restrictions: (Example: Walking/uneven surfaces. Climbing, Stooping, Twisting, Bending) Recommendations or Comments:  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge, having examined the applicant named above, I find him/her capable fill the assigned position.

\_\_\_\_\_  
Date                      Physician's Name                      Physician's Signature                      Phone#

## Head Start Staff Medical Examination

Regular Head Start Staff are to complete a wellness employment physical upon employment and then every two years. Head Start will pay up to \$50.00 toward the physical. Any other expenses incurred will be the responsibility of the employee. Temporary employees will only need TB screening. **(No Physical)**

The staff person will be responsible for keeping records as to when the exam is due and making the appointment. If the provider will not bill the appropriate agency, *the* employee will need to pay for the exam and submit the receipt to the agency for reimbursement.

The staff person is to complete the top portion of the exam form. The professional will complete the bottom portion, sign, date, and return to the employee.

The completed form is to be copied and filed in the Staff's Medical confidential file in the center. The copy is to be sent to the appropriate agency for proper reimbursement or payment.

If the physical exam notes any restrictions, this information must be brought to the center director's attention and to the Central Office of the appropriate agency. A statement from the attending physician must be obtained stating any modification necessary for the staff member to continue performance of job duties. All possible accommodations will be made to ensure the staff can appropriately complete their job.

TB test results that are determined positive must be accompanied by a statement from the attending physician stating the staff member can have contact with the children. This statement is to remain in the staff's Medical confidential file on site and a copy in their personnel file in the Central Office.

Immunizations that are received are to be documented and a copy kept on file at the center and in the Central Office.