



STAFF HEALTH EXAMINATION FORM

To be completed by job applicant:

Patient's name _____ Date of birth _____

I authorize (doctor's name) _____

to release medical information concerning me to (center): _____
in connection with my job application. I understand that the center will keep this information confidential.

Patient's signature _____ Date _____

To be completed by physician:

The above-named patient is applying for employment at our child care center. New Jersey State regulations require a physician's statement verifying the applicant is in good health, free from communicable disease, and able to care for children. A Mantoux test with 5 TU of PPD tuberculin is required. A Tine test is not acceptable. A chest X-ray is required if the patient has had a previous positive Mantoux test or in case of medical contraindication.

For further information, please contact: _____

Date of Mantoux Test _____ Results _____

Date of Chest X-ray (if applicable) _____ Results _____

Date of physical examination _____ Results _____

Is there any reason to preclude this patient from working with children? _____

If yes, please explain: _____

Remarks: _____

I have examined the above-named patient and found him/her to be in good health and to pose no health risk to others at the child care center.

Physician's signature _____ Date _____

Physician's name and office address (please print or stamp):

