

Covenant ChildCare d/b/a Franklin Covenant Church

Staff Medical Report

(To be completed by all staff and placed on file within 60 days of initial employment)

NAME _____
Last First Middle

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

Phone Number

Address

Covenant ChildCare d/b/a Franklin Covenant Church
Tuberculin (TB) Test

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

NAME _____
Last First Middle

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