

A Place To Grow
Children's Center
P.O Box 1582
Oak Hill, WV 25901

To the physician: This report is required to meet our regulations of medical confirmation of the applicant and is for the use of this corporation only.

Health History

Employee's Name: _____

Have you had: Arthritis _____ Tuberculosis _____
Varicose Veins _____ Pneumonia _____
Rheumatic Fever _____ Diabetes _____
Skin Disorders _____ Severe Allergies _____

Severe Injuries: _____

Have you now or have you ever had back trouble? _____

Has either of your parents, brothers or sisters, had tuberculosis, diabetes, Cancer, heart disease? _____

Physical Examination

Height _____ Weight _____ Blood Pressure _____
Vision _____ Hearing _____ Heart _____
Lungs _____ General Health _____

TB Risk Assessment or Tine Test results _____

Is this applicant physically able to do routine duties involving lifting, bending, and holding children? _____

Limitations: _____

On the basis of my findings as stated above I recommend this applicant as qualified _____ / unqualified _____ for the position as a teacher / care giver of pre-school children.

Examiners Signature Date Phone