



Employee Physical Exam

Name of Employee: _____

Name of Center: _____

To The Physician: This examination is needed to determine the physical ability of this person to care for children in a child care center, i.e work may entail bending, lifting, standing for long periods of time, etc.

Date and Result of Physical Exam:

This patient was examined by me and appears to be in good health and physically able to care for children in a child care center.

Physician's Signature: _____ Date: _____

Physician's Phone Number: _____

Physician's Address: _____
