

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care
EMPLOYMENT MEDICAL REPORT

Name of Staff: _____

Name of Child Care Facility: _____

The Office of Child Care expects staff who work with children to participate fully in a program for active youngsters. This includes lifting infants and young children, getting up and down from the floor, lively outdoor activities, and moving furniture. It may also include transporting children in a motor vehicle.

Dear Health Practitioner: Please complete all of the following sections.

A. PHYSICAL STATUS THAT MAY ADVERSELY AFFECT JOB PERFORMANCE:

Vision / Hearing / Speech Disorder: _____

Nervous / Emotional Disorder: _____

Significant Physical Findings / Chronic Medical Condition or Physical Impairment: _____

Drug or Alcohol Abuse: _____

B. DOES THIS PERSON HAVE A COMMUNICABLE DISEASE WHICH WOULD PROHIBIT HIM/HER FROM WORKING IN A CHILD CARE FACILITY?

YES NO

If YES, Please Comment: _____

Tuberculosis Certification (if medically recommended or required by the Local Health Officer).

TYPE OF TEST:

READING:

DATE:

C. IMMUNIZATION STATUS:

Facility staff are at risk of exposure to childhood diseases. Prospective employees who will work with infants should have a review of their immunization status. Employees are also at risk of exposure to live virus, such as polio and CMV.

Comments: _____

Immunization status reviewed: YES NO _____

D. IS THIS PERSON MEDICALLY ABLE TO PERFORM THE DUTIES FOR WHICH HE/SHE HAS APPLIED?

YES NO

If NO, please comment: _____

STAMP, PRINT, OR TYPE name and address of Physician, Certified Nurse Practitioner, or Registered Physician's Assistant:

I have personally evaluated this individual within the previous 6 months and have based the above information on this evaluation.

Signature of Physician, CNP, RPA

Phone Number

Date