

# Staff Health Assessment/Medical Report

10A NCAC 09 .0701 (Child Care Centers)

This document, completed by a health care professional prior to employment, indicates that the individual listed is emotionally and physically fit to care for children. This form must have been completed within the last twelve months.

Full name of individual:	
Home address:	
Phone number:	Email:

## To be completed by a health care professional

Date of assessment:
Does this applicant have any physical condition that would limit their ability to work with children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Is this applicant currently under treatment that would limit their ability to work with children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Is this applicant currently taking any medication that would affect his/her work with children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
In your opinion, is this applicant emotionally and physically capable to care for children on a daily basis? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of health care professional:	Date:
Signature of health care professional:	
Address:	
Phone number:	

\*This information must be included in the staff member's medical file, which must be maintained separately from the staff member's individual personnel file in the center. Child Care Rule 10A NCAC 09 .0701(d).