Wesley K.I.D.S.
423-472-9578
3405 Peerless Rd. Cleveland, TN 37312

Employee Physical Form

A. To be Completed by Employee:

Name:______________________________________ DOB:____________

Address:______________________ ____________ __________ __________
Street City State Zip

I, ______________________________, hereby authorize the physician(s) name below to release.
Printed Name
information to Wesley K.I.D.S for employment purposes. ____________________ __________
Signature Date

Name of Physician(s): ____

Address:______________________ ____________ __________ __________
Street City State Zip

Purpose of Examination:	Type of Activity in Child Care (check all that apply)
____ Initial Exam ____ Tri-Annual Exam	___Caregiver ___Office Staff

B: To be Completed by the Physician listed above:

1. How long has this individual been a patient at your practice? ______________________

2. In your opinion, does this person have:
   a. The ability to lift over 40 pounds? ___YES ___NO
   b. The ability to move quickly to keep pace with toddlers? ___YES ___NO
   c. The stamina to remain alert and energetic for 8 hours or more? ___YES ___NO
   d. Any condition which requires restriction of activity or which could affect patient's temperament and interaction with children? ___YES ___NO (If yes please explain below)
   e. The ability to move up and down off the floor to interact with children on their eye level? ___YES ___NO

3. Explain 2d: ____

____

4. Is this patient currently taking any medications which could affect their work role or interaction with children? ___YES ___NO If, yes, please explain: ______________________

____

5. Specify any physical, mental, or emotional limitation affecting this person's ability to care for a group of children: ____

____

6. Additional comments: ____

Name of Provider Employee who completed this form: ______________________________

______________________ ______________________ __________
Printed Name of Physician Physician Signature Date

C. To be completed by office staff:

This form was received on ________________ By: ______________________