



Play & Learn School

Staff Health Examination Form

Staff Information

Staff Member's Name _____ Date of Birth _____

I authorize the doctor named below to release medical information concerning me to Play & Learn School in connection with my job application. I understand the preschool will keep this information confidential.

Patient's Signature _____ Date _____

Health Care Provider Information

Name _____

Address _____

City _____ State _____ Zip Code _____ Tel Number _____

To be completed by the Health Care Provider:

The above named patient is applying for employment at our preschool. New Jersey State Regulations require a Health Care Provider's statement verifying the applicant is in good health, free from communicable disease, and able to care for young children.

A Mantoux test with 5 TU of PPD tuberculin is required. A Tine test is not acceptable. A chest X-ray is required if the patient has had a previous positive Mantoux test or in case of a medical contradiction. For further information, please contact the preschool office at (201) 435-6042.

Date of Mantoux Test _____ Results _____

Date of Chest X-ray (if necessary) _____ Results _____

Date of physical examination _____ Results _____

Are there any reasons to preclude this patient from working with children? ☐ Yes ☐ No

If yes, please explain:

Remarks:

I have examined the above named patient and found him/her to be in good health and to pose no health risk to others at the preschool.

Health Care Provider's Signature _____

Date _____

Health Care Provider Stamp