Lowndes County
Board of Education Head Start

Head Start Employee/Volunteer Physical Exam Form HEA-222

P.O. Box 158
Hayneville, Al 36040
(334) 548-2145

As a condition of employment and volunteering, in accordance to performance standards 1302.93-94, Head Start requires a physical examination and Tb test. Physical examinations and Tb tests are required for every Head Start employee and volunteer that will be working with children.

Name_____ Date of Birth____/____/____

Address_____City_____State_____ Zip_____

Position_____

To be completed by medical provider:
Health History (check the boxes of all past and current health conditions):

	Allergies		Anemia		Arthritis		Asthma
	Chicken Pox		Diabetes		Heart Disease		Hypertension
	Measles		Migraines/Headaches		Seizures		Tuberculosis
	Other Communicable Diseases						

Please explain the status of any conditions: _____

_____

_____

General Information:

A.) Medicines and reasons for prescribing: _____

_____

B.) Allergies: Please list any allergies, symptoms when exposed to allergens, and any medication used to treat these allergies. _____

C.) Food Allergens: _____

D.) Hepatitis B vaccines up to date? Circle one: Yes No Titer results_____

E.) TD Booster (within 5 years) _____ Date given: _____

F.) Tuberculin Skin test within 6 months of date of this exam: _____ Test given: _____

Date_____ Result_____ (if positive- circle one) Chest x-ray or Blood work date and result _____

G.) Are there any other medical concerns that will affect this individual's participation with Head Start? Please Explain _____

_____

~All lines must be complete. Information must be legible or the form will be considered invalid. ~

Physician Information
Physician's Printed Name: _____ Date: _____
Physician's Signature: _____
Address: _____
Phone: _____ Fax: _____

R—06/17