

# Mercer County Head Start/Celina Public Preschool Employee Physical Form

Name: \_\_\_\_\_

- Male
- Female

Birthdate: \_\_\_\_\_

TB Test Date: \_\_\_\_\_

Result Negative

Result Positive

If Positive, treatment plan:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Blood Pressure: \_\_\_\_\_

I hereby certify that \_\_\_\_\_ was  
Examined by me on \_\_\_\_\_ and was found to be  
free of communicable disease and physically fit for employment in a  
facility caring for young children.

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

10/09

\_\_\_\_\_  
Address