



The Nannies Unlimited Child Center & Preschool Inc.
www.nanniesunlimitedchildcare.com

Physical Examination and Medical History:

Name of Applicant: _____ Birthday: _____

Position Applied For: Daycare/Preschool Hours: Business Hours: 6:00 a.m. - 5:30 p.m.

Duties and responsibilities will include but not limited to : Daycare/Preschool.

General physical condition: Height _____ Weight: _____

Vision: _____ Any restrictions: _____

Hearing: _____ Any restrictions: _____

Heart & B.P. _____ Existing or potential heart disease: _____

(Specify, if any): _____

Respiratory problem: _____ Asthma _____ Emphysema _____

Stomach, liver, gall bladder, intestinal or hemorrhoid disorder: _____

Jaundice: at any time: _____

Hernia: _____

Back Injury _____ Chronic back pain: _____

Muscle or bone disorder: _____

Dizziness, fainting, convulsions: _____

Diabetes, thyroid or other endocrine disorders _____

Allergies: _____ Anemia: _____ Other Blood Disorders: _____

Routine use of drug or medication? _____

Excessive use of alcohol, tobacco or any habit-forming drug? _____

General motor coordination: Satisfactory: _____ Unsatisfactory: _____

Laboratory tests: Urinalysis: _____ Tuberculosis Screening: _____

Papanicolaou tes (if necessary): _____

Other: _____

Some lifting of young children and some picking up and moving of furniture and equipment may be required. Since we are vitally involved with the wholesome emotional growth of the child, we require good mental health of our employees. In your opinion, is this applicant free of disease or serious mental or emotional handicaps that would be detrimental to the children and adults with whom the applicant will be working? Yes _____ No _____ If No, Please explain: _____

In your opinion, is this applicant free of any physical defect that would prevent the performance of the above listed duties? Yes _____ No _____ If No, Please explain: _____

Physician's Signature: _____ Date: _____

I have read the above and declare that I had no injury, illness or ailment other than as specifically herein noted. Any falsification or misrepresentation will be sufficient ground for my release from employment
Applicant's Signature: _____ Date: _____



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Staff Medical Report:

I have examined _____ and find this person to be free
(Name)
of any communicable or infectious disease and to be free of any physical or mental condition which
would adversely effect The Nannies Unlimited Child Center & Preschool Inc's program or it's
beneficiaries.

Date of examination: _____

Physician's Signature: _____