



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:**