

**Sequatchie Valley Head Start
Physical Exam Form**

Employee Name: _____

Check type of physical / certification:

- return to work physical
- post employment offer physical
- routine periodic physical

Position:

- Coordinator or Supervisor
- Office Support Staff

Essential functions of positions (work with disabled preschoolers is required for all positions)

Applicant / Employee must be able to:

- sit and stand for prolonged periods of time
- bend, kneel, and sit in office environment
- maintain body equilibrium to prevent falling when walking, standing, crouching, or running on narrow, slippery, or erratically moving surfaces; ability to climb on a step stool, stairs, ramps, using feet and legs and/or hands and arms
- express or exchange ideas by means of spoken word
- hold telephone conversations as well as interact with parents and the community
- hear (may utilize assistive devices) for those activities which require ability to receive detailed information through oral communication and to make fine discriminations in sounds
- impart oral information to clients and/or the public and activities in which they must convey detailed or important spoken instructions to other workers
- complete written paperwork and computer entry (required daily)
- perceive the nature of objects through sight; ability to visually monitor young children in office environment
- adapt to different work environments; work area is located inside with variations in temperature and is unventilated
- reaching and repetitive motion may be required
- Travel to some centers (including riding for extended periods of time) and training events is necessary. This may require long periods of time in vehicles, as well as exposure to preschool environments. May be required to sit in child-size furniture or help to monitor three and four year old children, including disabled children on an occasional basis and be required to use exposure control techniques and to supervise children who may be carriers of contagious diseases.

Form continues on next page

To be completed by physician:

1. Is the employee able to perform the functions of this employees' position?

Yes No

2. If no, is the employee able to perform work on any kind?

Yes No

Describe limitations or work alternatives and mark any limitations on first page:

3. Does this employee/applicant because of a communicable disease, pose a significant risk to the health or safety of other in the Head Start program that cannot be eliminated or reduced by reasonable accommodation?

Yes No

4. We require physicals to be done once per year for bus drivers and employees taking prescription medication on a regular basis or with chronic illnesses. When do you recommend that another physical be done for this employee?

1 year 2 years 3 years Other: _____

New Employees Only:

TB screening results (required for all new employees): _____ Date: _____

Signature of Physician or Practitioner: _____

Date: _____ Type of Practice: _____

Employee must sign after completion of report by physician. Signature indicates that full disclosure of medical history / conditions has been discussed with physician or practitioner.

Signature of Employee: _____ Date: _____