

NETTLES ACADEMY, INC.
105 Jules Avenue
Jefferson, Louisiana 70121

Medical for Staff or Member of Household of a child care facility

Name: _____ D.O.B. _____

Address: _____

Check One () Day Care Center
() Member of Household

To the examining Physicians: This examination is needed to determine my physical ability to care for children or to perform services in a day care center or for children to receive care in my home. I hereby authorize you to furnish a report of my examination to:

NETTLES ACADEMY, INC.

Name of Facility

Signature: _____

Date: _____

Date and Result of Tuberlin Test: _____

Report on any serious or chronic illness which may effect his/her ability to care for children or perform services in a day care center. _____

Report on any current infectious or contagious disease: _____

Statement Regarding General Health: _____

In my judgement, this person's general physical condition will permit his/her to direct and actively participate in the activities of a group of children. () yes () No

**In my opinion, the complete physical examination reveals that the above name person is free of any infectious or contagious disease and is able to care for children or perform services in a day care facility.

If not, please explain: _____

Date: _____ **Physican's Signature:** _____

Address: _____