

PICAYUNE SCHOOL DISTRICT
Head Start/Early Head Start



MEDICAL HISTORY AND PHYSICAL EXAMINATION FORM

Last name _____ First name _____ DOB _____

Address _____ Phone # _____

Position _____

PHYSICAL EXAMINATION

Ht. _____ Wt. _____ BP _____ Temp. _____

MEDICAL HISTORY

Hypertention Yes No
Hypotention Yes No
Seizures Yes No
Diabetes Yes No
Respiratory Yes No
Heart Yes No

TB/TBI Yes No
Anemia Yes No
Vision Yes No
Hearing Yes No
Skin Yes No
Special needs Yes No

Employee is physically able to work at the Picayune School District Head Start/Early Head Start. I am aware that there will be lifting of children from birth through five(5) years of age. Yes No

Additional Comments:

Physician Signature

Date