**5 Riverside Plaza, Blossburg, PA 16912**
**(570)638-1400 (570)638-1425 Fax**
**www.bradfordtiogahs.org**

# Employee Health Examination Form

Per Head Start Performance Standards, each staff member must have a periodic re-examination to insure that staff does not pose a significant risk, because of a communicable disease, to the health and safety of others in the Head Start, Early Head Start ,or PRE-K program.

Please examine the staff member, as well as, review the enclosed job description. State whether or not the staff member is physically capable of performing duties included in the job description or if accommodations may be needed in order for the staff member to do the job as described.

*Please be advised that Bradford-Tioga Head Start Inc. does not require a Tuberculosis Screening, unless you, as their primary health care provider indicates that screening is needed based upon their health history and/or your physical examination.

**Date of Examination: _____/_____/_____**

**I hereby certify that _____has been examined by me and has been found to be free of communicable diseases. It is my professional medical opinion that this individual's health is adequate to perform the duties as outlined in the job description that I have reviewed.**

**Please list any accommodations if needed:**

_____
_____
_____

Health Care Provider Signature: _____

Health Care Provider Name (Please Print): _____

Address: _____

Telephone Number: _____ Fax Number: _____

**Please return form to employee or mail to**:

Bradford-Tioga Head Start Inc.
Attn: Health Coordinator
5 Riverside Plaza
Blossburg, Pa.16912

**Or fax to**: (570)638-1425