

EXEMPT CHILD DAY CENTERS

STAFF HEALTH REPORT

Physician's Statement

INSTRUCTIONS: Please provide a copy of this form to each employee to be given to his/her examining physician. The top portion of the form should be completed by the employee; the bottom portion **MUST** be completed and signed by the **PHYSICIAN**. The signature of a physician's assistant, R.N., L.P.N., or nurse practitioner is **NOT** acceptable. You may complete this form and submit on an **ANNUAL** basis.

Name of Religious Institution

Name of Staff Member

This statement is signed in compliance with the Code of Virginia, Section 63.1-196.3.

I certify that _____ is free from
(Patient)

any disability which would prevent him/her from caring for children.

Date _____
(Month/Day/Year)

PHYSICIAN'S SIGNATURE: _____ M.D.

Physician's Name: _____

Address: _____

Telephone Number: _____