

Northeast South Dakota Head Start Program, Inc.
200 South Harrison St. #1
Aberdeen South Dakota 57401
605-229-4506

Employee Health Certificate

Name _____ Date of Birth _____

Address _____ Position _____

City / Zip _____

Past Medical History:

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Head Injury	_____	_____	Fainting Spells	_____	_____
Back Injury	_____	_____	Epilepsy	_____	_____
Chronic Back Pains	_____	_____	Mental Disease	_____	_____
Tuberculosis	_____	_____	Asthma	_____	_____
Stomach Trouble	_____	_____	Skin Disease	_____	_____
Jaundice	_____	_____	Hernia	_____	_____
Cancer	_____	_____			

Details of "YES" answers:

Signature of Employee: _____

Physical Examination:

Height _____ Weight _____ Pulse _____ BP _____ Resp _____ Eyes _____ Back/Legs/Feet _____

Chest / Lungs _____ Abdomen _____ Heart _____ Hernia _____ Thyroid _____ Skin _____

TB _____ Other _____

Any Recommendations and Remarks:

The above named employee has been found free of communicable disease and is physically fit to perform his / her job duties. YES _____ NO _____

Date of Examination _____

Signature _____

Physician / Nurse / Practitioner / Physician Assistant