



Tennessee Baptist Children's Homes

Direct Care Staff/Volunteer Medical with TB Skin Test Report

In our efforts to provide a safe environment for children, staff and volunteers, TBCH requires a current physical examination for all prospective direct care staff and volunteers.

First Name	Middle Name	Last Name
		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Last 4 of Social Security Number	Gender

Special needs/disabilities which would require accommodations for employment: _____

Allergies (medication, food, insect stings, etc.): _____

Houseparent and Visiting Family applicants please indicate if you or anyone currently living in your home has been diagnosed and/or treated for the following conditions. **Case Managers and other Direct Care Staff** applicants indicate if you have been diagnosed and/or treated for the following conditions: (please check appropriate box for all that apply):

	Yes	No	If yes, please indicate who and if problem is current
Tuberculosis			
Diabetes			
Seizures/Epilepsy			
Infectious/Communicable Disease			
ADD/ADHD			
Sleep Disorders			
Mental Illness*			
Substance Abuse			
Chronic Medical Condition			

*If checked yes for Mental Illness please indicate whether you have been treated or hospitalized for mental illness or suicidal thoughts/attempts? Yes No

If yes, please list date(s) and hospital(s): _____

Any hospitalizations or surgeries in the past five (5) years? Yes No

If yes, please list date(s) and reasons: _____

Do you have a regular medical provider? Yes No If yes, please provide name: _____

This page must be completed by the physician

PHYSICAL EXAM				
Height	BMI	Vision	Hearing	Blood Pressure
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Free of Signs of Communicable Disease		If no, please explain		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Able to Lift 0-25 lbs	Able to Lift 25-50 lbs		Able to Lift 50+ lbs	
TB (PPD) TEST (Required for Initial Screening)				
		<input type="checkbox"/> Positive <input type="checkbox"/> Negative		
Date Administered	Date Results Read		Results	

Current medications & dosage: *(List all prescription and over-the-counter medications applicant is currently taking.)*

Do any of these medications interfere with applicant's ability to perform duties essential to the job (including but not limited to driving, 24/7 supervision of children, operating machinery, etc)? Yes No

Do you have any specific concerns about this person's physical, mental, or emotional ability to perform the following duties: driving *(including vans, cars, lawn mowers)*, getting in and out of large vehicles, 24/7 supervision of children/youth in a variety of settings *(including but not limited to swimming, transporting, outdoor play, etc)*

On the basis of this examination, a thorough medical history and my knowledge of this patient I would

recommend this person as a caregiver for children

not recommend this person as a caregiver for children

Physician Printed Name

Physician Signature

Date