

MEDICAL REPORT FOR CHILD PLACING AGENCIES / RESIDENTIAL CHILD CARE FACILITIES

Name Zillion S. Brown Date of Birth 10-30-59

Address 3448 Wood Park Dr Mtg AL

Employment Agency / Facility Name Brentwood Childrens Home

Position Child Care Worker

To the Examining Physician:

This examination is needed to determine my physical, psychological, and emotional ability to care for children and perform services in a child placing agency / residential child care facility. I hereby authorize you to furnish a report of my examination to the above-named agency / facility.

Signature Zillion S. Brown Date _____

Tests (Initial TB test to be completed with repeat test every two years if no extenuating circumstances exist)

Date and result of Intradermal Tuberculin Test (Mantoux) 1/9/2020 0mm

If Mantoux was positive, date and result of chest x-ray Aug 11-12-BC

*Admission
Eligible
CA*

Medications Is this person currently taking a medication that will affect alertness, reactions, or driving skills?

☒ No ☐ Yes If "Yes," please describe _____

Physical Limitations Are there any physical limitation that may affect this person's ability to perform duties?

☒ No ☐ Yes If "Yes," please describe _____

Have you observed any psychological or emotional behaviors that will limit this person's ability to care for children?

☒ No ☐ Yes If "Yes," please describe _____

If this person needs a referral to another health professional, please describe in the "Comments" section.

Comments _____

In my opinion, the physical examination reveals that the above-named person is free of any infectious or contagious disease and is physically fit to care for children and perform services in a child placing agency / residential child care facility.

Name of medical doctor, physician's assistant, or certified nurse practitioner completing exam (Please print) Courtney Simmons, CNP

Signature Courtney Simmons Date 1/7/20