DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

STAFF/VOLUNTEER HEALTH CERTIFICATE

(To be completed by medical professional)

Title 5A DCMR Chapter 1, 131-5 (c) - A Licensee shall maintain a record for each staff member, including paid employees and volunteers whose activities involve the care or supervision of children at a facility or unsupervised access to children who are cared for or supervised at a facility, which shall include written and signed documentation from the examining licensed health care practitioner, at the time of his or her examination, that the staff member or volunteer was free from tuberculosis and apparent communicable diseases as defined in 22-B DCMR § 201.

Name: _____ Sex: ___Male ___Female

Date of Birth: _____ Telephone No: _____

Address: _____
Number Street Apt.(if applicable) City State Zip Code

I have examined the above-named person and certify that he/she:

❑ Completed a pre-employment physical examination by a licensed health care practitioner, conducted not more than twelve 12 months prior to the start of employment or volunteer work;

❑ Had an annual physical examination by a licensed health care practitioner;

❑ At the time of his/her examination is free from tuberculosis and apparent communicable diseases;

❑ Appears to be in satisfactory physical condition, capable of performing activities with children for extended periods of time, and be outdoors for regular, prolonged activities.

In addition to a general physical health examination, the following tests have been done:

Tuberculin test (Check One): ❑ PPD ❑ Chest X-Ray

Date: _____ Result: _____

Remarks: _____

_____

Facility Name: _____

_____MD/NP Date of Examination: _____
Signature of Examining Physician/Nurse Practitioner

_____ Telephone No.:_____
Address Area Code

PLEASE RETAIN A COPY FOR YOUR FILES.