

Medical Release Form – Head Start

Performance Standards
HS 1302.93

To: Health Care Provider

The federally-funded Head Start and Early Head Start programs require that all staff working with children receive an initial health examination, regular and ongoing medical care, and do not pose a risk to the young children (ages 0-5, as well as pregnant mothers) that our program serves.

Health Examination: _____
Date

I certify that _____ has had an initial health examination that includes screeners or tests for communicable diseases including tuberculosis (TB), as appropriate. The staff member does not, because of communicable diseases, pose a significant risk to the health or safety of others in the program that cannot be eliminated or reduced by reasonable accommodation, in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

I will schedule periodic re-examinations, as appropriate, in accordance with state, tribal, or local requirements.

Health Care Provider Date

Address Telephone #

TO BE FILED IN THE EMPLOYEE’S CENTER PERSONNEL FILE.

Send a copy to PSESD with the Staff Information Form or via email to Venissia Buyco (vbuyco@pseud.org)