



**Diane K. Trust Center
for Early Education
of Temple Ohabei Shalom**

Nurturing Our Children, Building Our Future

1187 Beacon Street • Brookline, MA 02446 • (617) 264-2801

Annual Health Information Form
(to be completed by a physician)

Employee's/Applicant's Name: _____

Physician's Name: _____ Phone Number: _____

Address: _____

Signature of employee/applicant: I give permission for the release of this information. I understand it will be kept in the strictest confidence.

Signature

Date

Physical Exam:

Date of Last Physical: _____

Is there any reason to preclude this person from working with young children? __Y / N __

Please explain: _____

Physician's comments: _____

I have examined _____ (employee's/applicant's name)
and found him/her to be in good health and to pose no health risk to others at the
school.

Signature of Physician

Date