

**PRE-EMPLOYMENT MEDICAL REPORT FORM**

In compliance with the Tennessee Code Annotated and the policy of the Tipton County Board of Education, all prospective employees must have a physical examination.

**Employee Information**

_____	_____
Name	Date of Birth
_____	_____
Job Title	Department

**Provider Information** to be completed by healthcare provider.

_____	_____
Provider Name	Provider Phone

\_\_\_\_\_

Provider Address

_____	_____	_____
Degree	Type of Practice/Area of Specialization	Date Licensed

\_\_\_\_\_

Date of Examination

I have reviewed the essential functions of the patient's job (see attachment). I make the following determination based on that review and my medical opinion, including the opinion, if applicable, that while taking any prescribed or directed medication:

- the patient is physically, mentally, and emotionally able to perform all duties of the assigned position with or without reasonable accommodation;
- the patient is free from any communicable disease that might endanger the health of school children or school employees; and
- the patient will not pose a risk of harm to the health or safety of the patient, students or others.

I certify that this accurately reflects my informed professional opinion regarding this individual.

_____	_____
Provider Signature	Date

Please return this completed form to the patient to return to the Tipton County Board of Education, Personnel Department. With patient's permission, this completed form may be faxed to the Tipton County Board of Education Personnel Department at 901-476-4870.