Religiously Exempt Child Day Centers
Model Form

STAFF HEALTH REPORT

Physician's Statement

INSTRUCTIONS: Please provide a copy of this form to each employee to be given to his/her examining physician. The top portion of the form should be completed by the employee; the bottom portion must be completed and signed by the physician, physician's assistant, or licensed nurse practitioner. The signature of an R.N. or L.P.N. is NOT acceptable. Staff must have this form completed and submit it on an ANNUAL basis.

Name of Religious Institution

Name of Staff Member

This statement is signed in compliance with the Code of Virginia, Section 63.2-1716.

I certify that ___________________________ is free from any (Patient) disability which would prevent him/her from caring for children under his/her supervision.

Physician/Nurse Practitioner's Signature: ___________________________

Physician/Nurse Practitioner's Printed Name: ___________________________

Date ___________________________ (Month/Day/Year)

Address: ___________________________

Telephone Number ___________________________

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