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_____