

RODEPH SHOLOM SCHOOL

10 West 84th Street
New York, NY 10024-4737

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
BUREAU OF DAY CARE

ANNUAL STAFF HEALTH FORM

Pre-employment and annual examination are required for all teaching and non-teaching staff members, including volunteers and students who regularly associate with children. Attach any additional documentation to this form.

Date of Employment ____/____/____

(Last)	(First)	(Middle)	SEX F <input type="checkbox"/> M <input type="checkbox"/>	DATE	DATE OF BIRTH ____/____/____
(No.)	(Street)	(City/Boro)		(State)	(Zip)
TELEPHONE: AC ()		JOB TITLE	AREA EMPLOYED		

PAST MEDICAL HISTORY
Please check YES or NO

YES NO

- Hypertension
- Heart Disease
- Diabetes
- Seizure Disorder
- Chronic Lung Disease
- Mental Illness
- Alcohol Abuse
- Substance Abuse
- Physical Disabilities
- Allergies
- Hepatitis
- OTHER (SPECIFY) _____

Please explain any positive findings, list and explain any chronic medications or therapies: _____

MEDICAL PROVIDER SECTION

PHYSICAL EXAM: (Please note any conditions or findings considered abnormal or requiring medical follow-up)

Height _____

Weight _____

Blood Pressure _____ / _____

- TOBACCO USE Current Former None
- If current, referred for cessation services? Yes No
- Counselled re: No Smoking Yes No