



Student Physical Evaluation Form

NAME OF PERSON EVALUATED:

DID YOU CONDUCT A PHYSICAL EVALUATION? YES NO

DID THIS INDIVIDUAL HAVE ANY COMMUNICABLE DISEASES? YES NO
If "yes," please check one of the options below

Evaluation shows that the individual has a communicable disease but is able to work in the center if specific precautions are taken that will prevent the spread of disease to clients. Please list the precautions:

Evaluation shows that the individual has a communicable disease and is unable to work in the center.

Evaluator's Name (please print)

Evaluator's Signature and Title

Telephone Number

Date

Address