

WCMCA HEAD START EMPLOYEE PHYSICAL EXAM AND AUTHORIZATION FOR PAYMENT OF EXAM



This individual, employed by West Central Minnesota Communities Action, Inc., is authorized to have a physical examination including:

- ❖ Routine physical exam Note: Additional lab work and x-rays are the responsibility of the employee.
- Tuberculin (Mantoux) skin test for an initial employee exam.

A medical examination is required upon employment and every two years following.

Name (Last, First, Middle Initial)		Job Title			
Facility Name					
West Central Minnesota Communities Actions, Inc Head Start					
Address	City		County		
411 Industrial Park Blvd.	Elbow Lake MN 56531 Grant		Grant		

NOTICE TO EXAMINING MEDICAL PROVIDER

The individual named above is to be or is currently employed to work with children, including children disabilities and/or children with special needs. This requires both emotional and physical stamina, and a reduced risk for the spread of communicable disease.

PROVIDER CERTIFICATION

The individual named above has been examined by me and is physically capable of work in such a capacity.

Ph	ysician/Provider Signature	Date Signed

NOTICE OF BILLING AND PAYMENT

WCMCA, Inc, will pay for any co-pay or service identified above not covered by insurance. Please bill employee's health insurance. Remaining statements can be sent to:

West Central Minnesota Communities Action, Inc. - Head Start 411 Industrial Park Blvd. Elbow Lake MN 56531 Phone 218-685-4486 FAX: 218-685-6747