WEST CENTRAL MINNESOTA
Communities Action

EMPLOYEE MEDICAL EXAMINATION & CERTIFICATION FORM

First Name:	Last Name:

REQUIREMENT FOR MEDICAL CLEARANCE

The individual named above **is required to provide documentation of a routine physical exam** conducted within the past twelve (12) months and every two years. This exam must include a physician's signature certifying that the employee **is physically and emotionally capable** of performing the duties listed below. Individuals are not expected to submit their personal health records; this form is sufficient.

The position involves working with young children, including those with disabilities and special needs, and requires physical and emotional stamina, as well as a low risk for the spread of communicable disease. Essential physical functions may include:

- Lifting/carrying up to 50 pounds, bending, kneeling, balancing, sitting on the floor, and standing for prolonged periods.

A **Tuberculin (Mantoux) skin test and results** are required as part of the initial employee exam.

NOTICE TO EXAMINING MEDICAL PROVIDER

Please complete the certification section below indicating the individual's ability to safely perform the physical and emotional tasks required by their role.

PROVIDER CERTIFICATION

I have examined the individual named above and certify that they are physically and emotionally able to perform the essential duties as outlined above.

Physician/Provider Printed Name	Physician/Provider Signature

Date Signed: _____

NOTICE OF BILLING & PAYMENT AUTHORIZATION

I, _____ (employee name), authorize the above-named medical provider to bill my **private health insurance** for the services rendered in connection with this examination. I understand that:

- I am financially responsible for any charges not covered by my insurance, including but not limited to co-pays, deductibles, and non-covered services.
- I may request assistance with payment from West Central Minnesota Communities Action, Inc. If I am uninsured.

Signature: _____ Date: _____

Billing Instructions for Medical Provider:
Please bill the employee's insurance first for a routine physical exam. Any remaining balance not covered by insurance may be submitted 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