

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



# Spokane County Head Start/ECEAP/EHS PRE-EMPLOYMENT MEDICAL EXAMINATION

## APPLICANT<sup>1</sup> INFORMATION—to be completed by CCS

Date \_\_\_\_\_ GHC member no. \_\_\_\_\_

Name \_\_\_\_\_

Job position \_\_\_\_\_

Department \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Center \_\_\_\_\_ MS \_\_\_\_\_

## PROVIDER INFORMATION—to be completed by provider

### PLEASE PRINT

Clinic name \_\_\_\_\_ Provider's name \_\_\_\_\_

Provider's title \_\_\_\_\_ Phone \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## EXAMINATION RESULTS—to be completed by provider

Date of examination \_\_\_\_\_

Visual examination of all skin likely to come into contact with children during routine care if free of signs of MRSA infection:

Yes  No

Does applicant report any current open wounds or boils on the skin?  Yes  No

If yes, describe where and recommended treatment:

\_\_\_\_\_  
\_\_\_\_\_

Does applicant report any past occurrence of symptoms of MRSA infection?  Yes  No

**TB skin test:**  Negative  Positive

Comments \_\_\_\_\_

Provider signature \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> Applicant who has been given a conditional offer of employment.

**UPON COMPLETION, MAIL FORM TO:**

**Community Colleges of Spokane, Human Resources Office, 501 N Riverpoint Blvd, MS 1004, PO Box 6000, Spokane WA 99217-6000**

**AND FAX TO: 509-434-5055**