

Baltimore County Youth Camp Personnel Pre-Employment Medical Report

Name: _____

Please note: Staff who work with children are expected to participate fully in a program for active youngsters. This includes lifting and lively outdoor activities.

I CERTIFY THAT ON THIS DATE I HAVE EXAMINED THIS PERSON AND THAT HE/SHE IS:

1. Free of communicable disease in a communicable form.
 Yes No
2. Able to perform the duties for which he/she has applied.
 Yes No
3. Is drug free.
 Yes No

Restrictions/Comments:

Physician (please print)

Telephone Number

Signature of Physician

Date