



**Jumoke, Inc. ● Jumoke Behavioral Services, LLC ●
Jumoke Community Based Care, LLC**

Medical Report for Employees

Employee Applicant: _____

Date of Birth: ____/____/____

I. Medical History (indicate age at which illness occurred)

Epilepsy: _____

Diabetes: _____

Cancer: _____

Hepatitis: _____

Tuberculosis: _____

Other: _____

High Blood Pressure: _____

Heart Disease: _____

Nervous breakdown: _____

Rheumatic Fever: _____

II. Current Health

Patient is presently free of contagious disease: Yes: _____ No: _____

If no, please describe:

General impression of current health status:

General impression of present mental health:

Current medication: (Dosage and Frequency)

Are there any general, physical, or emotional conditions that would endanger the health and well being of children? Yes: _____ No: _____

III. Additional Comments:

Signature of Physician: _____

Date: _____



Printed Name

Address

Phone Number

Tuberculin Skin Test:

Patient Name: _____

Date of Birth: ____/____/____

Date Given: ____/____/____

Given By: _____

Signature: _____

Date read: ____/____/____

Read By: _____

Signature: _____

Reading: Positive: _____ Negative: _____

Additional comments:

Signature of Physician: _____

Date: ____/____/____