



Caretaker Medical Form

This form is to be completed by the primary care provider or their staff (other than a parent) who has been involved with the applicant's ongoing comprehensive care. Only if completely necessary, the form may be completed by a campus health center or by a physician/physician's assistant with whom you do not have an ongoing history.

To the primary care provider: This person has applied to be a staff member at Bethlehem Farm. A major component of our program is physical work, including home construction that will include lifting 50 lbs. (concrete bags, shingles, etc.) on a regular basis. The individual will be working closely with young children and the elderly. Please print clearly.

Applicant's name: _____ Date of last physical exam: _____

Length of time applicant has been your patient: _____ Date of last tetanus shot: _____
(must be within 10 years)

Describe the general health of this person. _____

Does the applicant have any allergies? If so, to what? _____

Please explain any medical conditions, either past or current, that would preclude or inhibit this person from the above-mentioned work. _____

Primary Care Provider's Name: _____

Address: _____

Phone Number: _____

Primary Care Provider's Signature: _____

Date: _____