EARLY EDUCATION FAMILY DAY CARE SCHEME

EDUCATORS MEDICAL ASSESSMENT FORM

SURNAME:

FIRST NAME:

ADDRESS:

HOME PHONE NO:

MOBILE:

DATE OF BIRTH: COUNTRY OF BIRTH:

# SECTION ONE:

## EDUCATOR HEALTH DECLARATION

I (name of educational leader)

Declare that the following information provided by me in support of my contract as educator with Early Education Family Day Care Scheme is a full and frank disclosure of matters relevant to my contract and ongoing capacity to perform the full range of duties required for this position.

I also declare:

* I have been provided with a copy of Scheme Duty Specification for Early Education Family Day Care Scheme
* I have read and fully understood the contests of the Duty Specification
* In accordance with Section 82 (7) of the Accident Compensation Act1985, I understand that I

am required to disclose all pre-existing injuries and diseases suffered by me and which may

be affected by the nature and duties of an educator

* I am not aware of any health condition which may interfere with my ability to perform the

functions of a educator or which may lead to foreseeable injury in ,myself or

others in the normal course of my duties.

* I am in good health and free of any medical condition that may affect my ability to perform

within the role of educator.

* I acknowledge that if I fail to make any disclosure or make any false or misleading

statements in relation to my claim this will preclude me from making a claim under the

Accidents Compensation Act of my contract with this scheme.

* I undertake to inform the Scheme if at any stage during the term of my contract I become

aware of any changes to my health or circumstances which may affects the accuracy of this

declaration.

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| --- | --- | --- |
| Signed By Applicant | Signature | Date |
| In the Presence Of (witness): | Signature | Date |

**Duty Specifications**

An educator is required to provide care for the children at home.

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| --- | --- |
| **FULL-TIME/ Part time** | **4 children under 5 years of age**  **3 children 5-12 years of age** |
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|  |
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**Medical Professional Declaration**

I Doctor, advise that I have carried out a medical examination on:

To determine his/her capacity to undertake the duties and responsibilities of an educator as set out in Scheme’s Duty Specifications.

I have reviewed the medical history and carried out an examination of the applicant and based on my assessment I ***consider*** her to be in good health, and psychologically capable of performing said duties.

Signature: Date:

*(\* Please provide Doctor’s Surgery Stamp)*