

Tri-County Community Action, Inc.

214 Nacogdoches Street
P.O. DRAWER 1748
CENTER, TEXAS 75935
PHONE (936)598-6315
FAX (936)598-7272

GEORGE T. SIMON
Executive Director

LEROY HUGHES
Board Chairperson

JAVIER VASQUEZ
Chief Financial Officer

STAFF PHYSICAL FORM

This form is to be completed by a licensed medical provider and return or fax to:

**Attn: HR Department
Tri-County Community Action, Inc.
P. O. Box 1748
Center, Texas 75935
Attention: Christina Leary
Fax: 936-598-7273**

Staff Name: _____

Please release the following information to my employer.

Staff Signature: _____ **Date:** _____

To the best of your knowledge after physically examining this individual, does the individual have any medical concerns, physical or mental conditions, or communicable diseases that might prohibit her/him from working with and providing adequate care for children, infant through school age?

___ **Yes** ___ **No**

Signature of Physician **Date**

Printed Name of Physical: _____

Name of Clinic/Office: _____

Address: _____

Phone #: _____

Energy Crisis
Head Start



Expanded Services
Weatherization