



HEALTH REPORT: LICENSE-EXEMPT FAMILY CHILD CARE PROVIDER

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Physical Examination

A physical examination has been completed within the last six months.

Date of most recent physical: _____

The above individual was found free from symptoms of communicable disease and otherwise physically and emotionally fit to care for children. r Yes r No

If no, please explain: _____

Physician's Signature: _____ Date: _____
Physician's Printed Name: _____
State License Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____

Tuberculin Skin Test

Tuberculin test or chest x-ray in a positive reactor:

Date: _____ Result: _____

Physician's Signature: _____ Date: _____
Physician's Printed Name: _____
State License Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____