

**Family Child Care Medical Form**

Dear Physician/Health Care Professional:

The Department of Early Education and Care requires that all persons who will be caring for children in their homes or working as an assistant in a licensed family child care home be examined by a physician/health care professional. EEC allows a licensee or a certified assistant to care for up to eight children under the age of fourteen without any assistance provided two of the children are school age.

Your patient, , is required to submit this medical form as part of his/her licensing or certification requirement. Please fill out the form in its entirety and return it to your patient.

Name of patient: Date of birth:

Address:

Date of Examination:

In your professional opinion what is the status of your patient’s general physical and mental health?

In your professional opinion does your patient have any limitations (for example side effects of medication, inability to lift, etc.) that would affect his/her ability to work with young children? If yes, please provide details of any of these limitations.

Are you the patient’s treating physician/health care professional? If so, how long have you been treating this patient?

If not, how many times have you seen this patient?

Comments:

Has this person been immunized in accordance with the requirements of the Department of Public Health (Mumps, Measles and Rubella)?

Yes No

Family child care educators may be granted a medical exemption if they are able to provide documentation signed by a physician stating the specific medical exemption. Please indicate whether your patient should be medically exempted from proving immunity to these diseases based on the fact that re-vaccination may be medically contraindicated.

Signature of Physician/Health Care Professional Please print your name, address,

telephone number, and license number

Date