



MISSOURI DEPARTMENT OF HEALTH
 BUREAU OF CHILD CARE SAFETY & LICENSURE
 MEDICAL EXAMINATION REPORT FOR CHILD CARE PROVIDER/STAFF

I. IDENTIFYING INFORMATION (TO BE COMPLETED BY PATIENT)

NAME	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER ()
NAME OF CHILD CARE FACILITY WHERE EMPLOYED	

II. TO BE COMPLETED BY A LICENSED PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A LICENSED PHYSICIAN

This individual will be in contact with children, infant through school-age, receiving child care outside their own homes. S/he may be responsible for the physical care and social development of young children during daytime and/or nighttime hours. Some lifting of young children may be required.

YES	NO

On _____ (date) I examined this patient and certify —

- A. That s/he is in good physical and emotional health and free of contagious disease;
- B. To the best of my knowledge s/he is free of impairment due to the use of medication;
- C. To the best of my knowledge s/he is free of a current drug or alcohol dependency; and
- D. That s/he is free of active tuberculosis as established by a tuberculin skin test, a chest x-ray, or appropriate follow-up of a previous examination. (If chest x-ray is contra-indicated, please comment on follow-up indicating if this person will pose a hazard to other persons).

TB testing, chest x-ray, or follow-up examination was completed on _____ (date).

Does patient have any physical or mental conditions which might endanger the health of children or that might prevent him/her from providing adequate care for children? If yes, explain below.

Are there any restrictions on children's ages, numbers of children or hours of care? If yes, explain below.

Remarks/Restrictions, if any:

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN	DATE	PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)
NAME OF CLINIC, GROUP PRACTICE, OTHER	IF NURSE IS SUPERVISED BY A PHYSICIAN, INDICATE PHYSICIAN'S NAME	
ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER ()	