





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

<b>I. IDENTIFYING INFORMATION (TO BE COMPLETED BY PATIENT)</b>		
NAME		BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER ( )
NAME OF CHILD CARE FACILITY WHERE EMPLOYED		
<b>II. TO BE COMPLETED BY A LICENSED PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A LICENSED PHYSICIAN</b>		
<p>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.</p> <p>On _____ (date) I examined this patient and certify —</p> <p>A. That s/he is in good physical and emotional health and free of contagious disease;</p> <p>B. To the best of my knowledge s/he is free of impairment due to the use of medication;</p> <p>C. To the best of my knowledge s/he is free of a current drug or alcohol dependency; and</p> <p>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).</p> <p>TB testing, chest x-ray, or follow-up examination was completed on _____ (date).</p>	YES	NO
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 ( )	