



Sunshine Family Day Care Educator Medical Certificate

Dear Physician/Health Care Professional:

The Department of Education and Early Childhood Development requires that all persons who will be caring for children in their homes or working as an assistant in an approved family day care home be examined by a Physician/health care professional. The department allows an educator to care for up to seven children under the age of twelve and four of the children can be preschool age or under.

Your patient, _____ is required to submit this medical form as part of his/her 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: _____

Family Day 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 _____ Date _____

Print your name, address, _____

Telephone number _____ license number _____