

MEDICAL REPORT ON AN ADULT IN A CHILD CARE FACILITY

(Includes employees and volunteers in DCFS licensed child care facilities, operators
of day care/group day care homes and other adult members of their households)

(Name of Person Examined)

(Birth Date)

Position (check one)

- ☐ Day Care/Group Day Care Home Caregiver
☐ Child Care Staff
☐ Other Staff in a Child Care Facility
☐ Member of Household

- ☐ Food Handler (See Section B)
☐ Child Care Facility Driver (See Section B)
☐ Volunteer in a Child Care Facility

Name of Licensee/applicant for License or Licensed
Facility where individual is employed/volunteers _____

Address _____
Street City Zip Code County

I. TESTS

Tuberculin test (by the Mantoux method or chest X-ray
in a positive reactor)*

Date

Results

Other (specify): _____

II. FINDINGS AND RECOMMENDATIONS

A. Findings

Summary of medical or emotional problems or conditions, if any, which may affect the individual's ability to work, volunteer
or reside in a facility caring for children.

B. Any conditions which contraindicate a person serving as a Food Handler or Child Care Facility Driver?

☐ Yes ☐ No

If yes, please specify _____

C. Recommendations

The above individual was found free from symptoms of communicable disease and is otherwise medically and emotionally
fit to work, volunteer or reside in a facility caring for children. ☐ Yes ☐ No

Explain "No": _____

In my opinion, the individual could meet the strength and mobility challenges required for caring for a child in one or more
of the age groups checked below:

☐ 0-2 years of age

☐ 2-6 years of age

☐ 7-12 years of age

☐ 12-18 years of age

Date of Examination

Physician's Name (Print) and State License Number

Physician's Signature

Street Address

City

State

Zip Code

Telephone Number

* Required in initial examination only. Physician to determine need for test in subsequent examinations.

REEXAMINATIONS

Date of Examination	Physician's Name (Print) and State License Number

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