MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION
MEDICAL EXAMINATION REPORT FOR CHILD PLACING AGENCY PROVIDERS & 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

	YES	NO
This individual will be in contact with children, ages _____ through _____, 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.		
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 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 and Zip Code)	Telephone Number

THIS REPORT IS TO BE KEPT ON FILE AT THE RESIDENTIAL CHILD CARE OR CHILD PLACING AGENCY