



State of Tennessee Dept. Of Human Services
and
All About Kids

CHILD CARE PROVIDER'S MEDICAL REPORT

A. TO BE COMPLETE BY PROVIDER:

Name: _____ Birth Date: _____
Address: _____
Street City State Zip Code

I, _____, hereby authorize the physician(s) named below to release information to the Department of Human Services and All About Kids Academy for approval/licensure or employment as a child care provider.

Name of Physician(s): _____ Address: _____

Purpose of Examination:

Type of Activity in Child Care (Check all that apply)

- Initial Employment Care of Children Food Preparation Driver of Vehicle
 Re-examination Desk Work Facility Maintenance Other : _____

B. TO BE COMPLETED BY PHYSICIAN(s):

1. How long have you known this patient or had knowledge of their medical history? _____

2. In your opinion, does this person have:

	YES	NO
a. The ability to lift 40 pounds?	_____	_____
b. The agility to move quickly to keep pace with toddlers?	_____	_____
c. The stamina to remain alert and energetic for 8 hours or more?	_____	_____
d. Any condition which require restriction of activity or which would affect patient's temperament and interaction with children (If so, explain in Number 3)	_____	_____

3. Specify any physical, mental, or emotional limitation affecting this person's ability to care for a group of children.

4. Is this patient currently taking any medications, which could affect their work role or interaction with children?

5. Evidence of TB Testing (Required once unless patient tests positive):
Mantoux Test/X-ray Results: _____ Date: _____

6. Additional Comments: _____

Physician's Signature

Date