

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES SECTION FOR CHILD CARE REGULATION

SAVE PRINT

CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)

RESET

IDENTIFYING INFORMATION		
CHILD'S NAME		BIRTHDATE
CURRENT STATE OF HEALTH		
CONTENTSTATEOFICALING		
Based on my assessment of this child's medical history, current state of health and my physical examination of the child on/		
this child can participate in a child care program. This child has no special care needs unless specified below.		
(Date of medical examination must be within the last 12 months.)		
PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE		
Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions,		
diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.)		
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SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION (OF A PHYSICIAN D	ATE
	J , , , , , , , , , , , , , , , , ,	3112
PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)		
NAME AND ADDRESS OF CLINIC, GROUP, PRACTICE OR OTHER	IT MIDOT IS OUR	
(MAY USE STAMP.)	IF NURSE IS SUPERVISED BY A PHY: (PLEASE PRINT.)	SICIAN, INDICATE PHYSICIAN'S NAME
	,	
TELEPHONE NUMBER		