



Board of County Commissioners, Broward County, Florida
HUMAN SERVICES DEPARTMENT
 Community Partnerships Division
 Child Care Licensing and Enforcement Section

**PHYSICIAN’S STATEMENT OF GOOD HEALTH
 FOR CHILD CARE PERSONNEL**

Date: _____
 (Expires 2 years from above date)

Name of Examined: _____

Address: _____

In my opinion, this individual is physically qualified to care for children and is free of all communicable diseases. I am not aware of any behavior that may be injurious to children.

 Physician’s Signature

 Physician’s name (please print)

 Physician’s Office Stamp

Physician’s Address: _____

Physician’s Phone #: _____

Section 7-4.05 (b)

Prior to the first day of being employed by a child care facility, all child care personnel, shall have on file at the child care facility a signed statement from a licensed physician or authorized agent of a Florida County Health Department attesting that the employee is in good health in order to care for children. The health assessment statement shall be documented on the No. 8 Card, Physician’s Statement of Good Health for Child Care Center Personnel, and updated every two (2) years.