



**PHYSICIAN’S STATEMENT OF GOOD HEALTH  
FOR CHILD CARE CENTER 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.