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Resilient Environment Department
Consumer Protection Division
Child Care Licensing and Enforcement Section
1 North University Drive • Plantation, Florida 33324 • 954-357-4800

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.
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 #: _____