

D. Medical report for persons giving care to children

MEDICAL REPORT FOR PERSONS GIVING CARE TO CHILDREN

Name:	Date of birth:
Address:	Position in child care facility:

To the examining medical doctor, physician's assistant, or certified nurse practitioner:

This examination is needed to determine my physical ability to care for children or to perform services in a child care facility (home or center) or to have contact with children in care. I hereby authorize you to furnish a report of my examination to:

Name of child care facility or Department of Human Resources

_____/_____
Signature Date

TESTS (to be completed if other verification is not attached):

Date and result of Intradermal Tuberculin Test (Mantoux): _____
(Required for initial examination only)

Date and result of chest x-ray if Mantoux was positive: _____

HISTORY of any chronic disease or disability that may affect his/her ability to care for children or perform services in a child care facility: Yes ; No .

PHYSICAL LIMITATIONS that may affect his/her ability to care for children or perform services in a child care facility (home or center): Yes ; No .

If "YES", to either question, please explain:

In my opinion, the physical examination reveals that the above-named person is free of any infectious or contagious disease and is physically fit to care for children, to perform services in a child care facility, or to have contact with children.

If not, please explain:

_____/_____
Signature of medical doctor, physician's assistant, or certified nurse practitioner / Date

E. Application form for staff

DHR-CDC-1947
Revised 1/06

APPLICATION FORM FOR STAFF

(including caregivers, employees, teachers, substitutes, volunteers, cooks, bus drivers, domestic workers)

Date of Application _____

Position _____

Date Hired _____

Name:	_____			
	Last	First	Middle	Maiden (if applicable)
Address:	Street: _____			
	City: _____			
	State: _____		Zip Code _____	
Telephone Number: ()			Date of Birth:	
Driver's License Number:			Expiration Date of Driver's license:	

EDUCATION:

EDUCATION	School/Institution	Dates Attended	Diploma/Degree/Certificate
Elementary			
High School			
College			
Graduate			
Other			

CHILD CARE TRAINING:

List all courses, workshops, and conferences related to child development and early childhood education. Attach additional pages if necessary. Attach copies of certificates received.

Title of course/Workshop/conference	Sponsor	Location	Date(s)	Number of hours

You must complete a Mandatory Criminal History Notice Form and a Criminal History Information Consent and Release Form. The fee must be submitted with the fingerprints and the consent form. Required forms are available from the Department. If you previously had a criminal history check done for the Department of Human Resources and the required information is on file, it is not necessary to complete a criminal history check.

Current Criminal Charges:

Are there any current criminal charges against you? _____

If yes, give details.

Clearance of State Central Registry on Child Abuse/Neglect:

A completed REQUEST FOR CLEARANCE OF STATE CENTRAL REGISTRY ON CHILD ABUSE/NEGLECT (DHR-DFC-1598) shall be obtained for each caregiver, substitute, volunteer, domestic worker, and any other person who has contact with the children or unsupervised access to the children.

By signing this form, I am affirming that the above statements I have made are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations, or agencies listed above to be contacted for information regarding my background.

Signature **Date**

7. To your knowledge, does this person have qualities, traits, or abilities that make him/her particularly suitable to care for children? Yes No Please explain.

8. Do you know of any reason why this person might not be suitable to care for children? Yes No If yes, please explain.

9. If you have any additional comments about this person you feel would be useful when considering his/her application for employment in a child care facility, please state below.

Signature

Date

Telephone number

Please return this form to:

Name of person requesting information: _____

Name of child care facility (home/center): _____

Address of facility:

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone Number: (_____) _____

If you prefer **not** to provide a reference for this person, please sign here and return this form to the address above.

Signature

Date

