

MEDICAL CLEARANCE FOR EMPLOYEES OF CHILD CARE FACILITIES**Consent to Release Information (to be completed by Applicant)**

I am considering employment at _____ as a child care provider.
(Facility Name)

This involves providing care or supervising care for up to _____ children sometimes for _____ hours per day, _____ days per week.

The Child Care Licensing Regulation requires all persons, working in a licensed care facility to provide the licensee with the written opinion of a medical practitioner that the mental and physical health of the person is adequate for the job.

I, _____, hereby authorize _____
(Name of Applicant) (Name of Physician)

to release any relevant medical information to _____
(Name of Licensee/Employer)

(Signature of Applicant)

(Date)

To Be Completed by Physician

Name of Physician: _____

Comments: _____

Based upon the information available to me, _____ appears to be mentally and physically competent to carry out the assigned duties.

(Signature of Physician)

(Date)