Household Member Medical Statement

INSTRUCTIONS

Submit

Maintain On-Site

- *Each person residing in the home must have a signed medical statement; a separate form is required for Providers*
- *One Health Care Provider (Physician, Physician's Assistant or Nurse Practitioner) may sign for multiple household members who are under their care*
- *A health care provider may use an equivalent form as long as the information on this form is included*
- *You may duplicate this form as necessary*

Applicant Name:

Household Members Examined by: _____

Household Members' Names			Date of Birth	Symptom Free*
Last	First	MI	/ / (mm / dd / yyyy)	☐ Yes ☐ No
Last	First	MI	/ / (mm / dd / yyyy)	☐ Yes ☐ No
Last	First	MI	/ / (mm / dd / yyyy)	☐ Yes ☐ No

I have examined the ___ **(1, 2 or 3)** individuals named above, and attest to the findings listed for each person.

Signature *(physician, physician's assistant, nurse practitioner)* — **Date** / /

Name *(Please PRINT or use office stamp)* — **Title** — **Phone** ( ) -

Household Members Examined by: _____

Household Members' Names			Date of Birth	Symptom Free*
Last	First	MI	/ / (mm / dd / yyyy)	☐ Yes ☐ No
Last	First	MI	/ / (mm / dd / yyyy)	☐ Yes ☐ No
Last	First	MI	/ / (mm / dd / yyyy)	☐ Yes ☐ No

I have examined the ___ **(1, 2 or 3)** individuals named above, and attest to the findings listed for each person.

Signature *(physician, physician's assistant, nurse practitioner)* — **Date** / /

Name *(Please PRINT or use office stamp)* — **Title** — **Phone** ( ) -

*The person is free from any health condition that would endanger children receiving child care in the home. Attach documentation for any adverse findings.