



MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION - EARLY CHILDHOOD AND PREVENTION SERVICES SECTION
MENTAL AND PHYSICAL ASSESSMENT FOR CHILD CARE PROVIDERS

- Patient may:**
- Have contact with children (infant through school-age) in care away from their own homes.
 - Be responsible for children's physical care and social development during day and/or nighttime hours.
 - Need to lift children

IDENTIFYING INFORMATION (To be completed by patient)

NAME	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER

MEDICAL REPORT (To be completed by a licensed physician or advance practice nurse; by registered professional nurse or registered nurse who is under the supervision of a licensed physician.)

PHYSICAL EXAMINATION	On _____ (date), I examined this patient. I certify that to the best of my knowledge, this patient is in good physical and emotional health. <input type="checkbox"/> Yes <input type="checkbox"/> No
LIMITATIONS	The above dated physical examination indicates this patient has the following physical and mental conditions that might endanger the health of children or might prevent the patient from providing adequate care of children: <input type="checkbox"/> None <input type="checkbox"/> _____

ADDITIONAL REMARKS:

SIGNATURES

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER SUPERVISION OF A PHYSICIAN	DATE	PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)
NAME AND ADDRESS OF CLINIC, GROUP PRACTICE, OTHER (PLEASE USE STAMP, IF AVAILABLE)	IF NURSE IS SUPERVISED BY PHYSICIAN, INDICATED PHYSICIAN'S NAME (PLEASE PRINT)	
	TELEPHONE NUMBER	