

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES SECTION FOR CHILD CARE REGULATION

CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)

IDENTIFYING INFORMATION		
CHILD'S NAME		BIRTHDATE
CURRENT STATE OF HEALTH		
Based on my assessment of this child's medical history, current state of	health and my physical examina	ation of the child on/,
this child can participate in a child care program. This child has no special care needs unless specified below.		
(Date of medical examination must be within the last 12 months.)		
PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE		
Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.)		
diabetes, astrina, penavier problems, meaning or violation imperimens, as		,
	Taranta and the same of the sa	
		One of the second secon
	NAME OF THE OWNER OWNER OF THE OWNER OWNE	
SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN		DATE
PULL OF A PURCE IN A AME (PLEASE PRINT)		A Additional Control of the Control
PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)		
NAME AND ADDRESS OF CLINIC, GROUP, PRACTICE OR OTHER		YSICIAN, INDICATE PHYSICIAN'S NAME
(MAY USE STAMP.)	(PLEASE PRINT.)	
	TELEPHONE NUMBER	