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Public Works and Environmental Services Department
CONSUMER PROTECTION DIVISION
Child Care Licensing and Enforcement
1 North University Drive, Suite A203, Plantation, Florida 33324
954-357-4800 • Fax 954-765-4804

PHYSICIAN'S STATEMENT OF GOOD HEALTH FOR CHILD CARE CENTER PERSONNEL

Date of Examination: _____
(Expires 2 years from above date)

Name of Patient: _____

In my opinion, this individual is physically qualified to care for children.
I am not aware of any behavior that may be injurious to children.

_____
Physician's Signature

_____
Physician's name (please print)

_____
Physician's Office Stamp

Physician's Address: _____

_____

Physician's Phone #: _____