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Board of County Commissioners, Broward County, Florida

HUMAN SERVICES DEPARTMENT

Bureau of Children and Family Services

Child Care Licensing and Enforcement Section

PHYSICIAN'S STATEMENT OF GOOD HEALTH FOR CHILD CARE PERSONNEL

Name: _____

Date: _____
(Expires 2 years from above date)

Address: _____

IN MY OPINION, THIS INDIVIDUAL IS PHYSICALLY QUALIFIED TO CARE FOR CHILDREN AND IS FREE OF ALL COMMUNICABLE DISEASES. I AM NOT AWARE OF ANY BEHAVIOR THAT MAY BE INJURIOUS TO CHILDREN.

Physician's Signature

Physician's Stamp