

MIDWEST NANNIES FLORIDA
238 FLAMINGO ST.
FORT MYERS BEACH, FLORIDA 33931
(239) 463-4774
FAX (239) 463-4774

HEALTH QUESTIONNAIRE - PHYSICIAN'S STATEMENT

Applicant Name: _____
(Please print name)

Read each statement and indicate whether true or false.

_____ I do not have any pre-existing conditions; medical or physical which would prevent me from successfully performing the duties involved with the daily care and developmental growth of infants and/or young children.

_____ I am free from any communicable disease.

My general health condition is: please check one.

___ Excellent ___ Good ___ Fair ___ Poor

I am allergic to the following items: _____

I request my physician and/or his representative to provide the information requested below and release them from any and all liability of any kind or nature for providing this information.

Applicant's Name

Date

.....
Submit to your physician for verification signature and return to Agency

I hereby certify, _____, is without any symptoms evidencing the existence of infections or communicable disease.

Physician's Name:

Physician's Address
City, State Zipcode

Physician's Signature

Date

AMA Number