

HEALTH QUESTIONNAIRE FOR

In order to protect the family child care home operator and the children receiving care in the home there must be on file a health questionnaire which gives an assessment of the caregiver's medical condition.

NAME: _____

LAST FIRST MIDDLE

HOME ADDRESS: _____

TELEPHONE NUMBER:()_____

HEALTH STATUS

1. I am in excellent mental and physical health and am free of communicable disease. (If not, please explain)

- 2. I take the following medications regularly (please explain):**

This health questionnaire is accurate to the best of my knowledge. I will let the local child care consultant of the Division of Child Development know if I develop any health problems and can no longer care for children.

Signature: _____ Date: _____