

**West Virginia Department of Health and Human Resources**  
**CHILD CARE PROVIDER MEDICAL REPORT**

**Name of Provider:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(Last) (First) (Middle)

**Examiner Name and Address:** (please print) \_\_\_\_\_

**MEDICAL HISTORY**

Illnesses \_\_\_\_\_  
\_\_\_\_\_

Mental Health Issues \_\_\_\_\_  
\_\_\_\_\_

Operations \_\_\_\_\_

Hospitalizations \_\_\_\_\_

Accidents \_\_\_\_\_

**STATEMENT CONCERNING PRESENT PHYSICAL CONDITION AND GENERAL HEALTH**

Lungs \_\_\_\_\_ Heart \_\_\_\_\_

Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Is any recommendation for medical care being made to this patient? If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

**LABORATORY TESTS**

Mantoux (PPD) or Chest X-ray (required every two years): Date \_\_\_\_\_ Result \_\_\_\_\_

Vision and Hearing \_\_\_\_\_

Other Laboratory Tests \_\_\_\_\_

**MEDICATIONS**

Is the patient on any medication that might impact the ability to care for children? If so, please describe below:  
\_\_\_\_\_

**PHYSICAL/MENTAL HEALTH**

Is the examiner the regular family physician for the patient?  Yes  No

Is the examiner aware of any physical condition(s) that might prevent the patient from performing tasks typically required of child care providers, such as: moving quickly to supervise young children; lifting children, equipment or supplies; hearing and seeing at a distance for playground supervision or driving?  Yes  No If so, please describe below:  
\_\_\_\_\_  
\_\_\_\_\_

Is the examiner aware of any mental health condition (s) that might impact the patient's ability to provide a safe and emotionally healthy environment for young children? Yes No If so, please describe below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the examiner aware of any medical condition present in the patient which poses a public health risk?  Yes  No  
If so, please describe: \_\_\_\_\_

**Signature** \_\_\_\_\_ **MD/DO/PA/CRNP Exam Date:** \_\_\_\_\_

(Indicate one)