



Health Department
2100 Ridge Avenue
Evanston, IL 60201-2798
T 847.448-4311
F 847.448.8134
www.cityofevanston.org

**MEDICAL REPORT
CHILD DAYCARE HOME PERMIT**

This medical report is required of the applicant/caregiver and all persons thirteen (13) and over who will come into contact with the children in the child day care home.

The report shall be based on an examination within one (1) year prior to the license expiration date.

Name of Applicant For Child Daycare Home Permit _____

Address _____

Name of Person Examined	Date of Birth
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TESTS	DATE	RESULTS
Tuberculin Skin (TB)	_____	_____
Chest X-Ray in a positive reactor	_____	_____

FINDINGS
Summary of health problems or conditions, if any, which may affect the person's ability to serve or reside in a facility for children.

RECOMMENDATIONS
The above individual was found free from symptoms of communicable disease and otherwise physically and emotionally fit to serve or reside in a facility caring for children.

YES _____ NO _____ If NO, please explain:

Physician Signature License Number

Address City, State, Zip

Office Phone Date

Please email this form to egolden@cityofevanston.org
of fax to: 847-448-8134.