Appreci®

MEDICAL CLEARANCE REQUEST

The patient below is applying to be an Attender. Attenders are in close contact with elders, may be involved in perinatal care, and/or may be solely responsible for the care of children (birth to age 17). It is necessary to establish that those providing care are in such physical and mental condition and health as not to adversely affect the health or safety of a child (or any other vulnerable member of a family in the same household) and the quality and manner of his/her care.

RELEASE OF INFORMATIOIN *To be completed by Patient*

I authorize the release of medical information concerning me for the purpose of determining my suitability to provide childcare or assist in the care of others.

Attenders Full Name	Signature	ID Number	Signature Date

MEDICAL INFORMATION *To be completed by Physician*

To assist us in this determination, you are being asked to confirm the following.

The abovementioned applicant:

- Has no Hepatitis B
- Has no Hepatitis C
- Has no HIV
- Has no Symptoms of T.B
- Has MMR Immunization
- Has DPT Immunization
- Has no other physical/mental condition or health problem at the time of examination that would limit the ability to provide childcare or assist in the care of others.

Comment - *optional*

Physician's Full Name	Signature	Phone Number	Examination Date