

PHYSICIAN'S STATEMENT

KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL
DIVISION OF REGULATED CHILD CARE
275 EAST MAIN ST. 5E-F, FRANKFORT, KY 40621-0001

CERTIFICATION PROGRAM FOR CHILD CARE PROVIDER

Child Care Provider's Name: _____

Street Address: _____

City/State: _____

Telephone Number: _____

The above named person has applied to become a state certified family child-care home provider. This person will be solely responsible for the care of up to six (6) unrelated children in addition to related children. She/he will be working an average of eight (8) to ten (10) hours per day, five (5) days per week.

In your medical opinion, is this person physically capable of assuming these job responsibilities?

YES _____ NO _____

If no, why?

Any additional comments:

Physician's Signature _____ Date _____

Physician's Name (please print) _____

Office Address: _____

City: _____ State: _____ Phone: _____

Office stamp if available: