GOVERNMENT OF BERMUDA

Department of Health

MEDICAL CLEARANCE REQUEST

APPLICANT INFORMATION

Name	Registration Number:
Address	Parish / Code

RELEASE OF INFORMATION (To be Completed by the Applicant)

I authorize the release of my medical information to the Chief Environmental Health Officer, for the purpose of determining my suitability to provide or be associated with the care of children.	**Date** **Applicant Signature**

MEDICAL INFORMATION (To be completed by your Physician)

- This individual is or will be employed in a child care setting.
- It is necessary to establish that those providing care are in good physical and mental condition and will not to adversely affect the health or safety of a child.
- To assist us in this determination, you are being asked to answer the following.

Is the applicant:-

□ Free from communicable disease?
□ Free from substance abuse?
□ Physically and mentally fit and capable of caring for young children?
□ Appropriately immunized?

Comments (Please use back of this form if additional space is needed)

Physician's Signature	Date	Telephone Number
Print Name		

Environmental Health
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