



EDUCATOR MEDICAL CLEARANCE

Educator Name: _____

Date of Birth: _____

This educator provides childcare by themselves without the support of other educators. This evaluation is to assess the individual's suitability to family day care, including:

- Ability to pick up, hold, and carry young babies, toddlers, and children with ease
- Ability to bend down regularly with ease
- Ability to regularly get up and down from the floor with ease
- Good communication and literacy skills
- In good health and maintain good health status

This section must be completed by a Medical Practitioner

Medical Evaluation	Yes	No	Comments
1. Chronic medical condition that may limit the ability to care for children?			
2. Impairment (mobility, vision, hearing, learning or speech)			
3. Poor mental health, or mental health disorder?			
4. Drug or alcohol abuse?			
5. Smoker?			
6. At risk of communicable diseases?			
7. Fully immunised?			
8. Has had surgery, or is predicted to have, surgery that has/will impact their ability to interact with children (picking up, bending down etc.)			
9. Medical condition, or medication the person is taking, that may restrict person's ability to perform family day care duties?			

Based on your examination, this educator is:

- Fully fit to perform all the stated duties
- Unable to perform the stated duties

Doctor Name: _____

Signature: _____

Date: _____