



## DOCTORS CLEARANCE CERTIFICATE FORM

To ensure that any contagious illness or cross infection is contained as much as possible we value your medical opinion as to whether or not the child listed below is able to attend a group care situation with other young babies and children.

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's symptoms (to be completed by Educator):

Vomiting:                       Diarrhoea:                       Rash:

Other: \_\_\_\_\_

Details: \_\_\_\_\_

Time observed: \_\_\_\_\_ am/pm                      Child's Temperature was \_\_\_\_\_ °C

There HAS/HAS NOT been recent similar symptoms in other children at the Service.

The diagnosis of other children was: \_\_\_\_\_

Signed (Educator): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **DOCTOR'S CLEARANCE** **Please complete appropriate statement**

Having read the above information and examined the child I recommend the following:

I advise that (child's name) \_\_\_\_\_ is clear of any illness that may expose other children to the risk of infection, and is fit to return to child care on (date) \_\_\_\_\_.

**or**

I advise that (child's name) \_\_\_\_\_ should be excluded from child care for a period of \_\_\_\_\_ days, and will be clear of any illness that may expose other children to the risk of infection and will be fit to recommence child care on (date) \_\_\_\_\_.

Doctor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medical Practice: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please note: Your child can not be accepted back to the service until appropriate clearance is provided by your doctor.*