



HEALTH RECORD FOR CAREGIVERS AND ADULT MEMBERS OF A CAREGIVER'S HOUSEHOLD

Caregiver's Name: _____

Doctor's Name: _____ Telephone _____

Doctor's Address: _____
(or office stamp)

Date of last physical examination: _____

Do you presently have any health conditions (diabetes, epilepsy, asthma, heart condition, back problems, etc.):

Does any resident of the household have a communicable disease? Yes ____ No ____

Please complete the following information for all other adults (18 years or older) living in your home.

| Name of Adult | Relationship to Caregiver | Date of TB Test | TB Test Results | MMR immunity details | Date of last Tetanus/Diphtheria (TD) Booster | Additional TD booster date(s) |
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Information requested above is collected under the authority of the Day Nurseries Act. I hereby certify that the information set forth in the above document is accurate.

Signature of Caregiver: _____ Date: _____

Signature of Home ChildCare Consultant: _____

If you have any questions regarding these requirements please do not hesitate to contact the office of Caring for Kids (905) 270-3370. Thank you in advance for your co-operation in this matter.