



Child Performer Health Form

Parent/Guardian:

- This form is required to prove a child is physically fit for employment as a child performer.
- This form must be sent with the Application for an Employment Permit for a Child Performer, LS 561.
- This form must be completed by a licensed physician, physician assistant or nurse practitioner.
- We will accept proof from a school health professional **if** it certifies physical fitness for employment.
- The examination must take place **within 12 months** of the Child Performer Permit Application date.
- **Do not** send medical history or immunization records. They are not acceptable proof of physical fitness for employment.

Child Performer Name _____

Practitioner: Choose A or B.

I hereby certify that I have examined the above-named applicant. I find that the minor is:

- A. Physically capable for employment as a child performer.
- B. Physically capable for employment as a child performer **subject to the following limitation(s)**. Only state limitation(s) for employment. **Do not** disclose confidential information.
- _____
- _____

Date of examination: _____

Name and title of practitioner: _____

Office address: _____

Office phone number: _____

Signature of practitioner: _____

Date form signed: _____