



Rhode Island Department of Human Services

Physician's Reference for Family Child Care Provider/ Assistant/Emergency Assistant/Substitute

Updated 3/8/2022

This form is to be completed by the physician or authorized representative. The individual listed below is applying to work in a Family Child Care Home. Due to the physical and emotional demanding nature of this job, the Department of Human Services is interested in the health and well-being of each applicant.

Individual's Information	
Name:	Date of Appointment:
Address:	
Role of Individual:	<input type="checkbox"/> Provider <input type="checkbox"/> Substitute <input type="checkbox"/> Emergency Assistant <input type="checkbox"/> Assistant <input type="checkbox"/> ESF Sub-Pool
Provider Information: <i>*If you are not the provider, who are you working for?</i>	

Health and Well-Being Information (To be completed by physician or authorized representative)		
Did you conduct a Physical Examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual have a chronic illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please explain:

Based on your findings above and other information gathered during your examination, is this individual suitable physically, mentally, and emotionally to provide child care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please explain:

Physician's Information	
Name:	
Address:	
Phone:	
Signature:	Date of Signature:

Please complete and mail this form to:
Rhode Island Department of Human Services Office of Child Care Licensing Unit 25 Howard Avenue, 4th Floor Cranston, RI 02920

Please Note: Copies of this form is not accepted – Original forms only.