

License and Certification  
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## 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.

1. Child Performer Name: \_\_\_\_\_

### Practitioner (Select one of the two following statements):

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

Physically capable for employment as a child performer.

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: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Office phone: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_

Signature of practitioner: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_