

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: ____ / ____ / ____