



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
HEALTH REGULATION AND LICENSING ADMINISTRATION

CHILD & RESIDENTIAL  
CARE FACILITIES DIVISION  
Phone: (202) 442-5929  
Fax: (202) 442-9430

MAILING ADDRESS:  
825 North Capitol Street, NE  
Second Floor, Suite 2224  
Washington, DC 20002

**STAFF HEALTH CERTIFICATE**

Name: \_\_\_\_\_

Sex:  Male  Female

Name of Facility: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Home Address: \_\_\_\_\_

I have examined the above-named person and certify that he/she is:

- Free from disease in communicable form.
- Appears to be in satisfactory physical and mental health condition, capable of doing physical household tasks, supervise and give care to children.

In addition to a general physical health examination, the following tests have been done:

Tuberculin Test :  Tine  PPD

Date: \_\_\_\_\_ Result: \_\_\_\_\_

Chest X-Ray:  Date: \_\_\_\_\_ Result \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

MD/NP

Date of Examination: \_\_\_\_\_

Signature of Examining Physician/Nurse Practitioner

Telephone No.: \_\_\_\_\_

Address

(Area Code)