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:

LS 562 (09/18)