



**Toronto Public Health, Etobicoke Office**  
**Medical certificate for staff members of Day Nurseries**  
**(including Supervisory and Housekeeping Staff)**

Staff Member: \_\_\_\_\_ Home Tel.: ( ) \_\_\_\_\_

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

Name of employing Day Nursery: \_\_\_\_\_

I \_\_\_\_\_ at  
(Physician's name (please print))

Office Address

legally qualified medical practitioner in the Province of Ontario, have medically examined the above-named  
on this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_, and certify the following:

Is he/she free of communicable disease?       yes       no

Is he/she medically fit to work in a Day Nursery?       yes       no

**Immunization History**

Vaccines (place an X in the appropriate box)

Immunization Dates Year/Month/Day	Diphtheria	Tetanus	Polio (Injected)	Polio (oral)	Measles	Mumps	Rubella

**Date and result of tuberculin test:**

Date given: \_\_\_\_\_ Date read: \_\_\_\_\_ Neg.  Pos.   
(48-72 hours after test)

A tuberculin skin test is essential. If positive, a chest x-ray is necessary (section 62 of regulation 760/83 under the Day Nursery Act)

\_\_\_\_\_  
Physician's Signature

**Under O. Reg. 760/83 Section 62 a medical examination is required prior to employment.**

white copy - To be retained on file in Day Nursery concerned

Pink copy - Health Department