



**Department of
Early Education and Care**
THE COMMONWEALTH OF MASSACHUSETTS

Family Child Care Medical Form

Dear Physician/Health Care Professional:

The Department of Early Education and Care requires that all persons who will be caring for children in their homes or working as an assistant in a licensed family child care home be examined by a physician/health care professional. EEC allows a licensee or a certified assistant to care for up to eight children under the age of fourteen without any assistance provided two of the children are school age.

Your patient, Ariane Da Silva, is required to submit this medical form as part of his/her licensing or certification requirement. Please fill out the form in its entirety and return it to your patient.

Name of patient: Ariane Da Silva Date of birth: 9/10/84

Address: _____

Date of Examination: 4/15/2025

In your professional opinion what is the status of your patient's general physical and mental health?

No acute concerns regarding physical +
mental health at this time. No limitations
for work.

In your professional opinion does your patient have any limitations (for example side effects of medication, inability to lift, etc.) that would affect his/her ability to work with young children? If yes, please provide details of any of these limitations.

no

Are you the patient's treating physician/health care professional? yes If so, how long have you been treating this patient? Since 10/2022

If not, how many times have you seen this patient? _____

Comments: _____

Has this person been immunized in accordance with the requirements of the Department of Public Health (Mumps, Measles and Rubella)?

✓ Yes _____ No

Family child care educators may be granted a medical exemption if they are able to provide documentation signed by a physician stating the specific medical exemption. Please indicate whether your patient should be medically exempted from proving immunity to these diseases based on the fact that re-vaccination may be medically contraindicated.

Ken Ten - Frost
Signature of Physician/Health Care Professional

Kaitlin Thomas - Frost
Please print your name, address,
telephone number, and license number

4/15/2025
Date

63 Main St
Brockton, MA 02301
508 559 6699
RN 2283280