



**NORTH SHORE  
NANNIES**

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**DOMESTIC PHYSICAL STATEMENT**

Today's Date: \_\_\_\_\_

Person Examined: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

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

State License Number: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

**The above individual has been found free of communicable disease and otherwise physically fit to provide care for children.**