



**north shore**  
**NANNIES**  
OF ILLINOIS, INC.

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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.

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**North Shore Nannies**  
of Illinois, Inc.

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