TUSCARAWAS COUNTY JOB & FAMILY SERVICES MEDICAL RECORD FORM FOR CHILDREN IN SUBSTITUTE CARE

Child's Name:	Date of Birth:	Date of Exam:	
This is to certify that I have examined the above-named of the child is free from apparent communicable disease	child.] NO	
Please note any special concerns or problems relative to t	his child:		
Name of Medical Practitioner:	Telephone N	Jumber:	
Street Address:	City, State, o	& Zip Code:	
Medical Practitioner's Signature:	Date:		
	OR FAX: 330-308-77	790	
RETURN TO: Tuscarawas County Job & Family Services 389 16 th Street, SW New Philadelphia, Ohio 44663-6401			
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389 16 th Street, SW New Philadelphia, Ohio 44663-6401 TUSCARAWAS MEDICAL RECORD FO	Date of Birth:	IN SUBSTITUTE CARI	Ε
389 16 th Street, SW New Philadelphia, Ohio 44663-6401 TUSCARAWAS MEDICAL RECORD FO Child's Name: This is to certify that I have examined the above-named of	Date of Birth: Child. YES	Date of Exam:	Ε
389 16 th Street, SW New Philadelphia, Ohio 44663-6401 TUSCARAWAS MEDICAL RECORD FO Child's Name: This is to certify that I have examined the above-named of the child is free from apparent communicable disease	Date of Birth: Child. YES	Date of Exam:	Ε
389 16 th Street, SW New Philadelphia, Ohio 44663-6401 TUSCARAWAS MEDICAL RECORD FO Child's Name: This is to certify that I have examined the above-named of the child is free from apparent communicable disease	Date of Birth: Child. YES	Date of Exam: NO	Ε
389 16th Street, SW New Philadelphia, Ohio 44663-6401 TUSCARAWAS MEDICAL RECORD FO Child's Name: This is to certify that I have examined the above-named of This child is free from apparent communicable disease Please note any special concerns or problems relative to the special concerns or problems relative to the special concerns or problems.	Date of Birth: Child. YES Chis child:	IN SUBSTITUTE CARI Date of Exam: NO Jumber:	Ε

Tuscarawas County Job & Family Services $\;\;$ OR $\;\;$ FAX: 330-308-7790 389 16^{th} Street, SW RETURN TO:

New Philadelphia, Ohio 44663-6401