

**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 child.

This child is free from apparent communicable disease YES NO

Please note any special concerns or problems relative to this child:

Name of Medical Practitioner:

Telephone Number:

Street Address:

City, State, & Zip Code:

Medical Practitioner's Signature:

Date:

RETURN TO: Tuscarawas County Job & Family Services OR FAX: 330-308-7790
389 16th Street, SW
New Philadelphia, Ohio 44663-6401

CM 05rb (02/13)

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