ARIZONA DEPARTMENT *of* CHILD SAFETY
Office of Licensing and Regulation

Physician's Statement

The purpose of the ***Physician's Statement*** is to determine whether the patient is physically, emotionally, and mentally able to provide care for children/youth residing in licensed facilities; and is free from communicable diseases. Responsibilities may include 24-hour supervision, personal care, transportation, positive behavior management, providing follow-up care and medical treatment, and administering medication.

Patient's Name (last, first, m.i.) *Date Completed*

Current status of patient's general physical health:

Have you reviewed the Health Self-Disclosure form, CSO-3673? ☐ Yes ☐ No

Current status of patient's general emotional health:

Medications

List of prescribed and over-the-counter medication and prescribing physician.

Prescribed and over-the-counter medications	Physician	Prescribed and over-the-counter medications	Physician

Medications ~ *continued*

Would any of the over-the-counter or prescription medications regularly used by the patient interfere with the safe care and supervision of children (e.g., drowsiness, disorientation, lack of concentration, etc.) ☐ Yes ☐ No

If yes, explain and provide your recommendations to limit risk to the health or well-being of either the patient or children placed in the home.

Based on an examination, does the patient present any medical, physical, or mental health care condition that would interfere with the safe care and supervision of children? ☐ Yes ☐ No

If yes, explain and provide your recommendation to limit the risk to the health or well-being of either the patient or children in the home.

Is the patient presenting with symptoms that could indicate a communicable disease? ☐ Yes ☐ No

If yes, explain and provide your recommendation to limit the risk to the health or well-being of either the patient or children in the home.

Signature

Per R21-7-101 (Definitions) "Medical Professional" means a person who holds a current license as a physician, surgeon, nurse practitioner, or physician's assistant under A.R.S. §32-1401 et seq., Medicine and Surgery; A.R.S. §32-1800 et seq., Osteopathic Physicians and Surgeons; A.R.S. §32-2501 et seq., Physician Assistants; and A.R.S. §§32-1601 et seq., Nursing and A.A.C. R4-19-501(A)(1), Registered Nurse Practitioner, respectively.

The statement shall be based on an examination by a medical professional.

Physician's Name (Please Print: First, Last, MI) | *License No.* | *Address*

Physician's Signature | *Date* | *City* | *State* | *ZIP Code*

DEPARTMENT OF CHILD SAFETY
STATE OF ARIZONA