



Physician's Examination Form

International Nanny Association
nanny.org
info@nanny.org
888.878.1477

This form may be substituted with a comprehensive physical exam form completed and signed by a physician if no more than 12 months before start date.
Use N/A rather than leaving spaces blank.

PARTICIPANT INFORMATION

Name (First, Middle, Last) Height Weight Blood Pressure

Does participant have epilepsy? Yes No

Does participant have diabetes? Yes No

In my opinion, these condition/s preclude his/her participation in VISIONS programs. Yes No

Participant is under care of a physician for the following condition(s)

Explanation of any reported loss of consciousness, convulsion, or concussion

Medically prescribed meal plan or dietary restrictions

Allergies (food, drugs, plants, insects, etc.)

Activities to be discouraged or limited

Additional health information (mental or physical)

Vaccines	Year of Basic Immunization	Year of Last Booster
DPT (Diphtheria Pertussis (Whooping Cough) Tetanus)	<input type="text"/>	<input type="text"/>
TD (Tetanus Diphtheria)	<input type="text"/>	<input type="text"/>
Tetanus	<input type="text"/>	<input type="text"/>
Measles (hard measles, red measles, rubella)	<input type="text"/>	<input type="text"/>
Mumps	<input type="text"/>	<input type="text"/>
Rubella (German measles, 3-day measles)	<input type="text"/>	<input type="text"/>

Vaccines	Year of Basic Immunization	Year of Last Booster
Oral Polio (Sabin) TOPV	<input type="text"/>	<input type="text"/>
Injectable Polio (Salk)	<input type="text"/>	<input type="text"/>
Tuberculin test given <input type="text"/> (most recent)	<input type="text"/>	<input type="text"/>
Hepatitis B	<input type="text"/>	<input type="text"/>
Haemophilus influenza b (HIB)	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

PHYSICIAN'S SIGNATURE

Physician's Name Phone Number

Physician's Address City State Zip Code

I have examined (participant)

Date of Form Exam

Date of Form Completion

Licensed Physician's Signature

Form Completed By

Initial if completed by nurse or physician's assistant



Important Household Information

International Nanny Association
nanny.org
info@nanny.org
888.878.1477

© Copyright 2016 International Nanny Association
All rights reserved.

Household

Security System Company	Phone	Key Pad Code	False Alarm Password
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Garage Door Keypad Code	Extra keys (house/cars/shed) are located
<input type="text"/>	<input type="text"/>

Electrical fuse box/circuit breaker box is located	Water cutoff valve(s) is/are located	Thermostat(s) is/are located
<input type="text"/>	<input type="text"/>	<input type="text"/>

Neighbors

Name	Phone Number	Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Availability	Address	Availability
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Services

Maid/Cleaning Company	Phone Number	Veterinarian	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electrician	Phone Number	Plumber	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AC/Heating	Phone Number	Well/Septic	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
General Contractor	Phone Number	Handyman	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Appliance Repair	Phone Number	Auto Service/Garage	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Garbage pick-up (days)	Phone Number	Recycling pick-up (days)	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Yard Maintenance	Phone Number	Newspaper	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

About



INA is a volunteer, not for profit educational association that is committed to providing information, education and guidance to the public and to industry professionals. We look to people like you, who are interested in the professionalism of the in-home child care industry, to partner with us and support our efforts.

JOIN US

For more information on joining INA, please visit our [member benefits](#) page on the INA website, www.nanny.org.

If you have questions or comments about INA, please contact us by phone at 888.878.1477 or by email at admin@nanny.org.

Membership is open to:

Nannies and all other in-home child care providers

Nanny Employers

Nanny Placement Agencies and Staff

Industry Service Providers

Individuals who support the in-home child care industry

Industry Educators

INA Weekly Blog

Each week, INA distributes fresh ideas and valuable resources for Nannies and Agencies via email. Topics include business solutions for effective agency management, innovations in recruitment and family-client communications, and more. [Subscribe here.](#)

INA Annual Conference

Each year, INA holds an industry conference attended by agencies, nannies and related business partners from around the world. This three-day event features speakers and workshops that help INA members improve business performance, connect with the nanny community, and address challenges and opportunities across a range of issues. Learn more about this year's INA Annual Conference, including our workshop agenda, keynote speakers, costs and dates.