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| **EDUCATOR MEDICAL STATEMENT** Version 5 (November 2018,) |

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| **EDUCATOR’S NAME:** |
| **EDUCATOR’S ADDRESS:** |
| **D.O.B** |

**ROLES AND RESPONSIBILITIES OF AN EDUCATOR:**

* Educators working in Family Day Care can care for up to 7 children at any one time (from babies to school age children).
* Educators work independently in a home environment providing education and care to children.
* Educators provide a program of activities for the children including indoor and outdoor play, social interactions and toileting in line with the requirements of the National Quality Framework.
* Please complete the information below in relation to the above educator role.

**Does this person suffer from (please tick)?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **COMMENTS** |
| **INFECTIOUS DISEASE** |  |  |  |
| **PSYCHIATRIC CONDITION** |  |  |  |
| **HIGH BLOOD PRESSURE** |  |  |  |
| **EPILEPSY** |  |  |  |
| **HEART CONDITION** |  |  |  |
| **CANCER** |  |  |  |
| **BACK INJURY** |  |  |  |
| **Any alcohol or drug related illness** |  |  |  |
| **ANY OTHER INJURY AFFECTING HIS/ HER ABILITY TO CARE FOR CHILDREN?** |  |  |  |
| **Is this person currently on medication?** |  |  | **Name of medication** |
| **In your opinion, is this person physically and emotionally able to care for young children?** | | | |

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| **IMMUNISATION INFORMATION:** |

**(It is a recommendation that educators are up to date with their immunisation status whilst working in the child care field**

**THIS IS NOT COMPULSORY**

**Please tick NO if unsure:**

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| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comments** |
| **Hepatitis A:** |  |  |  |
| **Hepatitis B:** |  |  |  |
| **Chicken Pox:** |  |  |  |
| **Meningococcal:** |  |  |  |
| **Tetanus** |  |  |  |

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| **DOCTOR’S FULL NAME:** |
| **DOCTOR’S SIGNATURE:** |
| **DATE:** |

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| **EDUCATOR’S SIGNATURE:** |
| **DATE:** |

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