



Dear Doctor,

Subject: Medical Suitability – Family Day Care Educator Applicant

The person listed over has made application to Lake Macquarie Family Day Care to provide an approved education and care FDC service.

A Family Day Care Educator may care for up to seven (7) children under the age of thirteen (13), of which four (4) maybe under school age, including their own if applicable.

Educators are solely responsible for the total daily care of these children in their home environment or approved venue. Educators may experience emotional, physical and manual handling demands as a direct result of providing an education and care service.

As Educators may also be at risk of exposure to vaccine-protected diseases (including COVID-19), we feel it is also important to advise and discuss the potential risks of infection associated with the provision of an education and care service with the applicant.

We seek your assurance that the applicant has been informed of potential health risks associated with working with infants and young children and that their health or current medications does not render them unsuitable for, or place them at risk by, providing an education and care service.

We appreciate your assistance in kindly completing the attached form.

Should you require further information, please contact me on 4921 0156.

Yours faithfully

Kim Hartmann

Service Manager

Lake Macquarie Family Day Care – Community Partnerships Department

FAMILY DAY CARE EDUCATOR MEDICAL INFORMATION



Family Day Care Educator's Name

Address

Part A (To be completed by Educator)

- I have read relevant Work health and safety information in the current edition of [Staying Healthy in Child Care](#) (National Health and Medical Research Council) and understand the importance of controlling the spread of infection, and immunisation recommendations.
- I have considered current available information and advice on recommended vaccinations for educators ([Staying Healthy in Child Care](#)) and COVID-19 vaccination.
- I acknowledge it is my responsibility to check my immune status and I am aware of the particular risks involved in relation to cytomegalovirus (CMV), hand foot and mouth disease, Human parvovirus B19 (erythema infectiosum, fifth disease), listeriosis, rubella, toxoplasmosis, and varicella (chickenpox) if I fall pregnant.

Signature

Date

Part B (To be completed by General Practitioner)

- I have discussed with the applicant the health risks associated with the provision of early education and care, including but not limited to vaccine-protected diseases (including COVID-19) and available immunisation, safe manual handling, and maintaining personal wellbeing / mental health.
- I declare that, to the best of my knowledge, the abovementioned Educator:
- is of good health
 - is physically and emotionally able to care for young children
 - is free from any medical conditions or dependency on medication or substance that may affect her/his ability to care for children, or place him/her at risk by caring for children

(If applicable):

- I suggest the following precautions / limitations / conditions on the educator:

Name

Signature

Date

Surgery Stamp required here: