



Chicagoland's Premier Domestic Placement Agency

www.firstclasscare.com

Domestic Physical Statement

Today's Date: _____

Name of Person Examined: _____

Date of Exam: _____

Physician's Name: _____

Physician's Signature: _____

State License Number: _____

Address: _____

Telephone: _____

The above individual has been found free of communicable disease and otherwise physically fit to provide care for children.

Please fax to 847-559-0689

Possible Clinics to goto:

Community Health

2611 W. Chicago Ave.

Chicago, IL 60622

Mon – Fri 9am – 9pm

Sat 9am – 1pm

<http://www.communityhealth.org>

Patient Services:

773.395.9900

I think this one is FREE

Family Doctors – Dr. Melnick

5240 N. Pulaski Rd Chicago, IL 773-539-9600

7100 Carpenter Rd Skokie, IL 847-673-5166

Call for appointment and say you are a

First Class Care Nanny and need a Physical

\$75 without insurance