



New York State Department of Labor
Division of Labor Standards
Permit and Certificate Unit
State Office Campus
Building 12, Room 266B
Albany, NY 12240

Child Performer Health Form

Parent/Guardian:

- This form is required to prove a child is physically fit for employment as a child performer.
- This form must be sent with the *Application for a Child Performer Permit* (LS 561).
- This form must be completed by a licensed physician, physician assistant or nurse practitioner.
- We will accept proof from a school health professional **if** it certifies physical fitness for employment.
- The examination must take place **within 12 months** of the *Child Performer Permit Application* date.
- **Do not** send medical or immunization records.

Child Performer Name _____

Practitioner: Choose A or B.

I hereby certify that I have examined the above-named applicant. I find that the minor is:

- A. Physically capable for employment as a child performer.
- B. Physically capable for employment as a child performer **subject to the following limitation.**
Only state limitations for employment. **Do not** disclose confidential information.

Date of examination _____

Name and Title of Practitioner _____

Signature of Practitioner _____

Signature Date _____

Office address: _____

Office phone number _____