



Medical Reference Questionnaire

Is the applicant registered with your practice?

YES	NO

From your knowledge of the applicant, does he/she currently suffer from any condition that could make them unsuitable in caring for children.

YES	NO

Examples of unsuitable applicants' conditions could be excessive breathlessness, episodes of disabling dizziness, episodes of unconsciousness, episodes of poor concentration and drug or alcohol misuse. This list is not exhaustive but may include other conditions as you see fit.

Please expand any answers below. If you wish to speak to a Care Commission Officer, please telephone: <TELEPHONE NUMBER>.

If we have any queries about this reference, an officer will contact you.

Any further information:

Signed: _____

Date: _____

Name: _____

Surgery Stamp
