

PHYSICIAN'S CERTIFICATION OF MINOR'S AGE

I, _____, state that I am a licensed physician in good standing with the Iowa Board of Medical Examiners.

I certify that on _____ (mo/day/yr) I physically examined _____ . Based upon my physical examination of this person and my professional training in human growth and development, I believe that this person is ___ years old.

I understand that under Iowa Code 92.19 (2005), anyone who falsely prepares, certifies, files, executes or delivers any statement, certificate or other paper containing false statements for the purpose of procuring employment of any person in violation of Iowa Code Chapter 92 (Child Labor laws) could result in criminal charges.

I affirm that all statements on this document are true to the best of my knowledge.

Date

Examining Physician's Signature

Printed name of Examining Physician

Office Phone No.

Office Name

Office Fax No.

Street and Mailing address

Office Email

City State Zip

Subscribed and sworn to before me by the above named Examining Physician on this _____ day of _____, 200__.

Notary Public in the State of Iowa

CH-L Physician Form