

# KIDS CARE PEDIATRIC ASSOCIATES, PC

Stuart Feinstein, MD, FAAP  
Cynthia Hyacinthe, NP

Sharon Perlman, DO  
Lynn Smith, CPNP

Grace Luk, MD, FAAP  
Stephanie Naguit, DO, FAAP

## PHYSICAL FITNESS CERTIFICATION

\_\_\_\_\_  
(Name of Applicant)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Date of Birth)

Male

Female

Other

### INSTRUCTIONS TO HEALTHCARE PROVIDER:

Complete Part A unless certificate is limited --in which case complete Part B

A. I hereby certify that I have examined the above-named applicant and find **they are physically qualified for lawful employment.**

\_\_\_\_\_  
(Date of Physical)

\_\_\_\_\_  
(Signature of Healthcare Provider)

\_\_\_\_\_  
(Address of Healthcare Provider)

B. I hereby certify that I have examined the above-named applicant and find **they have a disability that requires limited employment.**

(1) Disability ---

(2) Occupation ---

(3) Employer ---

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Healthcare Provider)

\_\_\_\_\_  
(Address of Healthcare Provider)

**If a limited certificate is indicated, the disability, occupation, and employer must be indicated to make this certificate valid.**

2266 Dutch Broadway, Elmont, NY 11003  
176 Hempstead Avenue, Lynbrook, NY 11563  
Fax: 516.775.0424      www.kids-care.com

516.775.0493  
516.599.6230  
info@kids-care.com

