

NEWBORN EXAMS AS AN OBSERVER FORM

Applicant's Name _____ Last four digits
Social Security # _____

Document attendance at 10 Newborn Exams within 12 hours after the Birth in any capacity (observer, doula, family member, friend, beginning apprentice, etc.) These newborn exams may be verified by any witness who was present at the newborn visit. Add these witnesses to the Witness Form.

#	Client Code	Date of Exam	Witness Initial	Comments about Newborn Exam
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				