

U. S. DEPARTMENT OF LABOR

JAMES J. DAVIS, Secretary

CHILDREN'S BUREAU

GRACE ABBOTT, Chief

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PHYSICAL STANDARDS FOR WORKING CHILDREN

PRELIMINARY REPORT OF THE COMMITTEE APPOINTED
BY THE CHILDREN'S BUREAU OF THE U. S. DEPARTMENT
OF LABOR TO FORMULATE STANDARDS OF NORMAL
DEVELOPMENT AND SOUND HEALTH FOR THE USE OF
PHYSICIANS IN EXAMINING CHILDREN ENTERING EM-
PLOYMENT AND CHILDREN AT WORK

Bureau Publication No. 79

(Appendix revised to include legislation up to August 15, 1926)



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LETTER OF TRANSMITTAL.

U. S. DEPARTMENT OF LABOR,
CHILDREN'S BUREAU,

Washington, August 15, 1926.

SIR: I transmit herewith the report on Physical Standards for Working Children with the appendix revised to include 1925 and 1926 legislation. At a session of the Children's Bureau Conferences on Standards of Child Welfare the bureau was requested to appoint a committee to formulate definite standards of normal development and sound health for the use of physicians in examining children applying for work permits. The following physicians consented to serve on the committee and this report, first published in 1921, was made possible through their cooperation:

Dr. George P. Barth, director of school hygiene, city health department, Milwaukee, Wis., *chairman*.

Dr. Emma M. Appel, employment-certificate department, Chicago Board of Education.

Dr. S. Josephine Baker, chief, bureau of child hygiene, department of health, New York City.

Dr. Taliaferro Clark, representing the United States Public Health Service.

Dr. C. Ward Crampton, dean, Normal School of Physical Education, Battle Creek, Mich.

Dr. D. L. Edsall, dean, Harvard Medical School.

Dr. George W. Goler, health officer, Rochester, N. Y.

Dr. Harry Linenthal, industrial clinic, Massachusetts General Hospital, Boston, Mass.

Dr. H. H. Mitchell, representing the National Child Labor Committee.

Dr. Anna E. Rude, director, hygiene division, United States Children's Bureau.

Dr. Thomas B. Wood, chairman of committee on health problems and education, Columbia University.

Miss E. N. Matthews, director of the industrial division of the Children's Bureau, acted as secretary to the committee.

Since the publication of the third edition a number of legislative changes have been made in various State laws fixing physical standards for working children. The foreword and the appendix have therefore been revised so as to bring up to date all the statements relating to legal requirements.

Respectfully submitted.

GRACE ABBOTT, *Chief*.

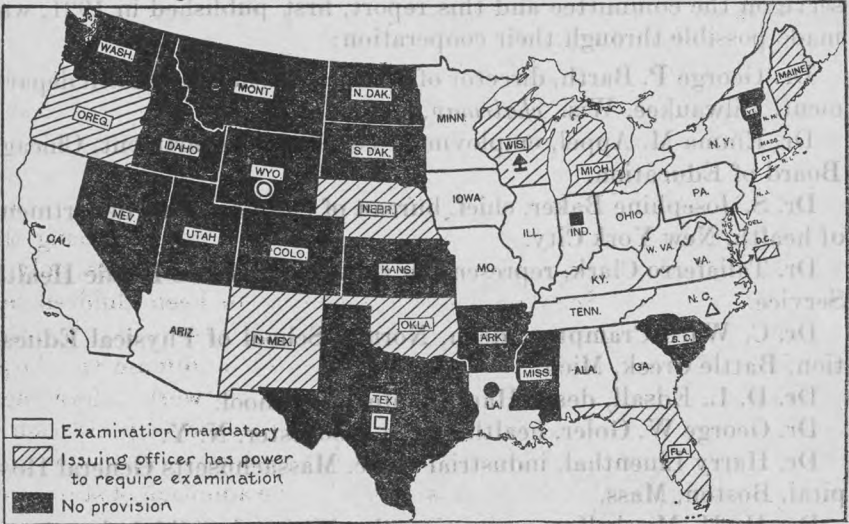
HON. JAMES J. DAVIS,
Secretary of Labor.

U. S. DEPARTMENT OF LABOR
 CHILDREN'S BUREAU
 Washington, D. C. 20340

The following report on physical standards for working children with the appendix revised to include 1927 and 1926 legislation. At a session of the Children's Bureau Conference on Standards of Child Welfare the Bureau was requested to appoint

LEGAL REQUIREMENTS FOR PHYSICAL EXAMINATIONS OF CHILDREN GOING TO WORK

[1926 legislation included so far as available August 1, 1926]
 (Examinations for regular employment certificates. Examinations to determine age not included)



- ▲ Examination mandatory in Milwaukee by order of Wisconsin Industrial Commission.
- Exemptions in certain cases on written objection of parent.
- △ Examination within 6 months previous by authorized medical officer may be accepted as substitute.
- No provision for employment certificates applicable to general occupations.
- No regular employment certificate required for child over minimum age (15); physical examination mandatory for "poverty" permit (12-15).
- Effective July 1, 1927.

PHYSICAL STANDARDS FOR WORKING CHILDREN.

FOREWORD.

The child who goes to work between 14 and 18 years of age is in need of special protection if he is to arrive at maturity with good health and a vigorous and well-developed body. During these years he is passing through the most critical period of his physical development, when his body must meet the unusual demands of rapid growth and physiological readjustment. If at the same time he is subjected to the mental and physical strain of occupational life, the burden upon his immature physique is a double one, and special precautions are necessary if normal growth and development are not to be endangered. Prohibiting the employment of children in certain occupations generally recognized as injurious to health is an important but obviously limited means of affording protection. Raising the minimum age for entrance upon any employment offers only a partial solution of the problem. A tendency to keep children out of industry until they are at least 16 years of age is becoming apparent in child labor laws, but even with 16 years as a minimum age, large numbers of young persons will continue to go to work before their physical growth is completed and will stand in need of protection if they are to reach normal development. An effective means of protecting the health of children at work lies in the adoption of standards of physical fitness which all children entering employment are required by law to meet.

TYPES OF LEGISLATION.

The first attempts to protect the health of employed children through direct legal provisions took the form of laws giving factory inspectors or other law-enforcing officials power to require physical examinations of children found at work who appeared to be physically unfit for employment. Illinois, Michigan, Minnesota, New Jersey, and New York were among the States enacting legislation of this type. A number of these early laws are still on the statute books, and a few States have in recent years passed laws of the same type,¹ but generally powers of this kind are not so exercised as to protect any considerable number of children from the strain of too early or inappropriate labor. This is due not only to the inherent weakness

¹ See Appendix, pp. 21-22.

of a mere permissive regulation, but also to the fact that the unfitness of a child for his work is seldom so apparent as to force itself upon the attention of an official—usually not a physician—whose inspection duties often cover far more than the child-labor provisions of the law. The next form of legal provision permitted the certificate-issuing officer to require a child who did not appear to be in fit physical condition for work to be examined by a physician before he could secure an employment certificate. Eight States² and the District of Columbia now have permissive laws of this type, and though in a few instances they may be so enforced as to require practically every child going to work to be passed upon by a physician, they have the serious disadvantage of depending for their effectiveness upon the degree of interest evidenced by each one of a large number of enforcing officials, who are in most States practically unsupervised by any central authority and who in many cases do not realize the importance of this phase of their work.

The mandatory requirement of a physical examination for every child securing an employment certificate, now found in the laws of 25 States,² represents the third step in the development of the legal protection of the health of working children. In some of these States the child must be examined with reference to the particular kind of work which he is to do and must obtain a new certificate of physical fitness whenever he goes from one employer to another. But a child fitted for one occupation may be transferred by his first employer to an entirely different kind of work for which he is not at all fitted, and he may stay with his first employer until he passes the certificate age. It is thus obvious that even requiring a certificate of physical fitness for the issuance of every employment certificate and a new employment certificate every time a child changes employers does not give an opportunity for adequate and uniform health supervision of employed children.

One State only (Virginia³) has as yet advanced to the next stage—examination of every working child at regular intervals during the years when he is peculiarly susceptible to the strains of industry in order to determine whether the work at which he is engaged is injuring him or interfering with his growth.⁴ The laws of 15 States,²

² See Appendix, pp. 17-20. In one of these States, the law does not go into effect until July 1, 1927.

³ See Appendix, p. 21.

⁴ An exceptionally good opportunity for putting into effect an adequate program of health supervision of working children is furnished by the compulsory continuation-school laws now in force in 27 States, which keep still under the control of the school authorities children who have left the all-day schools to enter industry by requiring them to spend a certain number of their working hours in classes specially provided for them. These States are Arizona, California, Connecticut, Delaware, Florida, Illinois, Indiana, Iowa, Kentucky, Massachusetts, Michigan, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, Utah, Washington, West Virginia, and Wisconsin. All except seven have provisions requiring schools to be established and children to attend under certain specified conditions. These seven are Indiana, where local school authorities may establish schools and require attendance; and Connecticut, Illinois, Kentucky, Ohio, Tennessee, and Washington, where certain groups of children must attend if schools are established, but there are no compulsory provisions for establishment.

moreover, still make no provision at all for a physical examination even when the child first goes to work.

The most comprehensive type of law now found requires that a child be of normal development, in sound health, and physically qualified for the occupation in which he is to engage, and stipulates that the examination shall be made and the certificate of physical fitness granted by a physician who is officially connected with some public department, usually the public-school system or the board of health, but in some cases the department enforcing the child-labor laws. In order that the physician may judge the child's fitness for his intended work, the latter is required to bring a promise of employment signed by the prospective employer and stating the occupation in which he is to be engaged.

STANDARDS OF ADMINISTRATION.

Even where provisions which might go far toward protecting the health of employed children are found on the statute books, inadequate appropriations and a failure to recognize the importance of the physical requirement are responsible for inadequate administration. The first examination is in many cases hurried and superficial rather than thorough. Reexaminations when the child goes from one employer to another, required under the laws of a few States and possible, at least, in most of the States where the first examination is mandatory,⁵ are either omitted or only perfunctorily given. In States where the law is permissive, issuing officers seldom take full advantage of their power to require examinations.

The procedure followed in making physical examinations of children applying for employment certificates is usually determined by the policy of each individual issuing office, but in a few States, among which are Alabama, California, Connecticut, Delaware, Illinois, Indiana, Maryland, New York, Pennsylvania, and Virginia, a uniform blank for recording the results of the examination is in use.⁶ These forms, which are prescribed by the State board responsible for the enforcement of the child labor law, specify the points which should be covered by the physician's examination, and in some States they are supplemented by detailed instructions. In certain cities the local officials in charge of issuing certificates have devised special forms and have attempted to develop standard methods of procedure.

One of the most usual forms of physician's certificate does not furnish in any sense a record of the examination, since it contains merely the bare statement required by law that the child has been examined and has been found in sufficiently sound health and physically fit for the work which he intends to do. Among the forms which do attempt to furnish a record of the results of the

⁵ See Appendix, p. 21.

⁶ In Massachusetts the State department of labor and industries has drafted and printed a blank record form and recommends its use by local issuing officers, to whom copies are supplied upon request.

examination, wide variation in details is found. Some require entries of only a few of the outstanding facts about the child's physical condition, under such items as: Ears, eyes, teeth, throat, chest development, height, weight, vaccinated, malnutrition, heart action. Others go into great detail as to the points to be covered by the examination, in effect instructing the physician as to exactly what indications he should look for, and what methods he should use in examining each child. Such a form serves the double purpose of preserving a record of the child's physical condition and of insuring at least a certain degree of thoroughness as well as of uniformity where any conscientious attempt is made to make the practice conform to that obviously demanded by the record blank.

Even where directions are issued and forms are used, the examinations in practice vary widely. No form can be more than a guide and a reminder; its use can not make certain that a child will be thoroughly or scientifically examined, but a form which is properly arranged and adequate for its purpose greatly increases the probability of such examinations.

The object of the physical examination is obviously to prevent children from going to work in unsuitable occupations, or from going to work at all if they are not in a fit condition to do so. The key to its actual value to the child, therefore, is found in the standards set for the granting of a certificate of physical fitness. This standard varies probably fully as much as the standard of the examinations themselves, becoming more exacting the more thorough the examination. As would be expected, the more definite standards are found in offices where specially devised record forms are used—these forms, in fact, being in many cases accompanied by detailed instructions as to the defects for which certificates must be permanently refused or temporarily refused until such defects are corrected.

COMMITTEE ON PHYSICAL STANDARDS.

The difficulties in the way of adequate enforcement of the physical provisions of child labor laws are recognized as due to a large extent to the lack of definite standards and of uniformity in procedure. "Sound health" and "normal development" are not defined in the laws, and physical fitness for a specific occupation can not be determined unless precise and definite knowledge of occupations and their effect on the growth of the body and on the health of the child is available.

At the Children's Bureau Conferences on Standards of Child Welfare (May and June, 1919) considerable attention was devoted to the subject of physical standards,⁷ and the following physical minimum

⁷ Standards of Child Welfare, A Report of the Children's Bureau Conferences May and June, 1919, pp 86-97. U. S. Children's Bureau Publication No. 60.

was adopted as a part of the minimum standards for children entering employment.⁸

A child shall not be allowed to go to work until he has had a physical examination by a public-school physician or other medical officer especially appointed for that purpose by the agency charged with the enforcement of the law, and has been found to be of normal development for a child of his age and physically fit for the work at which he is to be employed.

There shall be annual physical examinations of all working children who are under 18 years of age.

Acting on a proposal made by members of the Conference who realized that such a standard could not be adequately applied until it was more carefully defined, the Children's Bureau appointed a committee of physicians whose task it was to formulate definite standards of normal development and physical fitness for the use of medical examiners in making physical examinations of children applying for employment certificates, and also of working children. Following its first meeting in January, 1920, the committee prepared a preliminary report and a tentative record form, which were sent for criticism and suggestions to State labor officials, local certificate-issuing officers, examining physicians, and others interested in physical standards for working children. The record form was also tried out in several cities. In the light of suggestions and criticisms received from these sources, this preliminary report was revised at the second meeting of the committee, January, 1921, and submitted to the Children's Bureau. It is expected that from time to time the report will be revised to embody the results of further scientific research and practical experience in this field.

⁸ Minimum Standards for Child Welfare Adopted by the Washington and Regional Conferences on Child Welfare, 1919, pp. 3-5. U. S. Children's Bureau Publication No. 62.

PRELIMINARY REPORT OF THE COMMITTEE ON PHYSICAL STANDARDS FOR WORKING CHILDREN.

GENERAL RECOMMENDATIONS.

1. Age minimum for entrance into industry.

The minimum age for the entrance of children into industry should be not younger than sixteen years. Since it is recognized that the physiological and psychological readjustments incident to pubescence (which in the vast majority of cases are not completed until the sixteenth year) determine a period of general instability which makes great and special demands upon the vitality of the child, it is of paramount importance that he should be protected during this period from the physical and nervous strain which entrance into industry inevitably entails. The committee recognizes the fact that pubescence may occur early or may be very greatly delayed, and is convinced that the longer it is delayed the stronger is the indication of a physical stage during which it is highly inappropriate to subject the child to the strains of industry.

2. Physical minimum for entrance into industry.

No child between the ages of sixteen and eighteen should be permitted to go to work who is not of normal development for his age, of sound health and physically fit for the work at which he is to be employed.

3. Physical examinations for children entering industry.

The physical fitness of children entering industry should be determined by means of a thorough physical examination conducted by a public medical officer appointed for this purpose. Where possible all examinations should be made without clothing. Before such a physical examination is made, the child should present a definite promise of employment in writing from his intended employer, stating the specific occupation at which he is to be employed.

4. Reexaminations for children changing occupations.

The employment certificate should not be given to the child, but sent by mail to the employer. When a child leaves the specific employment for which the certificate was issued, the employer should return the permit to the issuing officer by mail. With each change of employer another examination should be made before the child is again permitted to work, the mode of procedure to be the same as in the issuance of the original permit. When a child is transferred to any

occupation in the same establishment differing in its physical demands and hazards from those common to the occupation for which the permit has been issued, this must be communicated by the employer to the issuing officer in writing, and a new physical examination of the child made and a new certificate issued.

5. Periodical reexaminations for all working children.

All employed children up to the age of eighteen should have at least one yearly physical examination, to be made by a public medical officer appointed for this purpose. Whenever in the judgment of the medical examiner more frequent examinations are desirable, the child should be ordered to report at stated intervals for this purpose. These examinations should take place in the certificate-issuing office, in the continuation school, or in the establishment in which the child is employed.

6. Centralized control of methods of examination.

In order to insure uniformity in methods of examination in each State the State labor or other department administering the child labor law should have authority to make rules and regulations relative to methods of examination and qualifications of examining physicians, to prescribe record forms, and to require reports with reference to examinations made. Each such department should employ one or more physicians qualified in industrial hygiene, who shall be authorized and required to supervise the work of the local examining physicians.

7. Desirability of physical examinations of children during school and preschool period.

Many of the physical defects found in children applying for work permits could easily have been discovered and cured, or prevented altogether, by proper examination and treatment during the child's school life, or even earlier. The committee therefore urges the necessity for the provision of adequate facilities for medical examination and treatment of all children of school and preschool age.

8. Need of study by local administrative and medical officers of occupations in which children are employed and of their effect upon health.

Occupations in which children are likely to be employed should be made the subject of special study for the purpose of ascertaining their physical requirements and their effect upon the health and development of the growing child. The examining physician should be authorized and required to visit periodically industrial establishments and to familiarize himself with conditions of employment and with the various health hazards of industry.

9. Need of authoritative scientific investigation.

The committee recognizes the impossibility of formulating definite physical standards for children in industry which will be complete and finally authoritative without a great deal of further scientific study of the effect of different kinds of work upon the health and physique of the adolescent child.

Research is especially needed with reference to:

- a. The rate of growth and development of children employed in different occupations and industries as compared with children not in industry.
- b. Morbidity among children employed in different occupations and industries as compared with children not in industry.
- c. Mortality among children employed in different occupations and industries as compared with children not in industry.
- d. Fatigue in children employed in different occupations and industries.
- e. Effect of employment in specific occupations at different stages of physiological development upon the growth and health of—
 - (1) Normal children.
 - (2) Children with certain physical defects (such as compensated cardiac disease or with orthopedic defects) or with a personal or family history indicating predisposition to certain diseases.
- f. Effect of employment in specific occupations upon the menstrual function and pelvic organs of adolescent girls and young women.
- g. Types of work desirable for:
 - (1) Children and young persons with some mental defect who, nevertheless, are able to fulfill the educational requirements necessary to obtain an employment certificate.*
 - (2) Children and young persons who are suffering from certain physical handicaps, such as the partially disabled child and the child with seriously impaired vision or hearing.
- h. Industries and occupations in which children are customarily employed with special reference to health hazards.

NOTE.—Material for at least the greater number of such studies might effectively and economically be secured from the records of examinations made in the public schools and in connection with the issuance of employment certificates in States where reexaminations are required. It is, therefore, urged that all such examinations be scientifically and thoroughly made and that methods and record forms be standardized so as to be statistically comparable.

10. Certain tentative minimum standards obtainable from results of scientific research already available.

While recognizing the necessity of further study, the committee is of the opinion that the results of scientific research already available, together with the experience acquired in the administration of laws prescribing physical requirements for admission to industry, permit the recommendation at the present time of certain tentative minimum standards. The acceptance of these standards will aid materially in safeguarding the physical welfare of the child obliged to enter industry before reaching his full development.

MINIMUM STANDARDS OF PHYSICAL FITNESS FOR CHILDREN ENTERING AND WORKING IN INDUSTRY.

1. Standards of normal development.

- a. Certificates should be refused to children who do not come up to the following minimum standards of height and weight for specified age, which are based on the most reliable experience and present-day practice. (Since at the present time children under 16 may be legally employed in a considerable number of States, minimum standards of height and weight are furnished for children 14 and 15, as well as 16, years of age.)

Age.	Weight (in clothing). ¹	Height.
14	80 pounds.	58 inches.
15	85 pounds.	58 inches.
16	90 pounds.	59 inches.

¹ When children are weighed without clothing, not more than 5 pounds should be allowed for clothing.

In exceptional cases, a child who falls below the prescribed minimum of height or weight may, however, be granted a certificate if, after examination by two physicians, it is found that this condition is a family or a racial characteristic, and that he is free from any other defects which would justify the refusal of the certificate.

- b. Certificates should be refused to children who do not show unmistakable signs of puberty.

2. Standards of sound health and physical fitness for employment.

- a. Certificates should be refused to all children who have the following defects:

- (1) Cardiac disease, with broken compensation.
- (2) Pulmonary tuberculosis or other evidence of serious pulmonary disease.

- (3) Active glandular tuberculosis.
- (4) Active tuberculous or syphilitic disease of joints or bones.
- (5) Total blindness. (Unless no further educational facilities can be provided for such children.)
- (6) Total deafness. (Unless no further educational facilities can be provided for such children.)
- (7) Trachoma.
- (8) Chorea.
- (9) Syphilides.
- (10) Hyperthyroidism.
- (11) Acute or subacute nephritis.
- (12) Hookworm.

All children who are refused employment certificates because of physical defects as noted under "a" should be referred to some appropriate person or agency for whatever medical or other assistance they need.

b. Certificates should be refused to all children pending correction of all serious remediable defects, such as:

- (1) Defective vision subject to correction by glasses.
- (2) Contagious eye and skin diseases.
- (3) Defective teeth: extraction or prophylactic care needed.
- (4) Malnutrition requiring supervision or medical attention and not under treatment.
- (5) Untreated inguinal or femoral hernia.
- (6) Diseased tonsils.
- (7) Defective nasal breathing requiring correction and not under treatment.
- (8) Discharging ears not under treatment.
- (9) Orthopedic defects not under treatment.
- (10) Intestinal parasites (other than hookworm) not under treatment.

All children who are temporarily refused employment certificates because of the existence of physical defects as outlined under "b" should be referred to the care of a public medical officer, school physician, family physician, or school nurse, who should make every effort to see that the necessary medical treatment or other care is secured for the child. As soon as such treatment has been completed, or the defect has been corrected, the issuance of the employment certificate may be recommended.

c. Provisional certificates for a period of not more than three months may be issued on recommendation of the medical examiner under the following conditions:

- (1) Where treatment has been started but not completed, in such cases as:
 - (a) Defective teeth.
 - (b) Malnutrition.
 - (c) Orthopedic defects.
 - (d) Defective nasal breathing.
 - (e) Discharging ears.
 - (f) Intestinal parasites (other than hookworm).
- (2) Partial blindness.
- (3) Partial deafness.
- (4) Other defects (not specified under "a" and "b") which in the opinion of the medical examiner require supervision.

Children receiving provisional certificates shall be reexamined at the expiration of the provisional certificate, or at such intervals as the examining physician may deem necessary. If in the opinion of the examining physician every conscientious effort has not been made to correct the defect during the provisional period, no new certificate shall be issued until correction has been obtained.

d. All children who, because of their physical condition, or because of their family or previous history, show a tendency to weakness or disease of any organ should be excluded from occupations which would tend to aggravate that tendency.

POINTS TO BE COVERED AND METHODS TO BE EMPLOYED IN PHYSICAL EXAMINATIONS.

1. Items for inquiry.

a. Information with reference to the following items should be recorded upon the examination record blank by the issuing officer or his clerk before the child is sent to the physician for examination:

- (1) Age.
- (2) Sex.
- (3) Color.
- (4) Nationality of father.
- (5) Nationality of mother.
- (6) Intended employer.
- (7) Industry.
- (8) Occupation.
- (9) Grade completed.
- (10) Child's previous industrial history.

- b. The examining physician should inquire into and record the condition found with reference to the following items:
- (1) Significant family history (medical).
 - (2) Previous illnesses.
 - (a) Scarlet fever.
 - (b) Diphtheria.
 - (c) Infantile paralysis.
 - (d) Asthma.
 - (e) Bronchitis, chronic.
 - (f) Pneumonia.
 - (g) Pleurisy with effusion.
 - (h) Chorea.
 - (i) Epilepsy.
 - (j) Rheumatism.
 - (k) Frequent sore throats.
 - (l) Operations.
 - (m) Vaccination (against smallpox).
 - (n) Hospital or dispensary care.
 - (3) Physical examination—
 - (a) General physical condition—
 - Height in inches and fractions.
 - Weight in pounds and fractions.
 - Nutrition.
 - Anemia.
 - Evidence of puberty.
 - Menses (sp. abnormalities).
 - (b) Skin—
 - Parasitic diseases.
 - Other diseases.
 - (c) Eyes—
 - Vision.
 - Diseases.
 - (d) Ears—
 - Hearing.
 - Diseases.
 - (e) Mouth—
 - Dental caries.
 - Gingivitis.
 - (f) Nasopharynx—
 - Nasal obstruction.
 - Tonsils—enlarged—diseased
 - (g) Glands—
 - Enlarged.
 - Infected.

- (3) Physical examination—Continued.
- (h) Thyroid—
 - Goiter, simple—exophthalmic.
 - (i) Chest—
 - Deformities.
 - (j) Lungs—
 - Abnormal breath sounds.
 - Abnormal dullness.
 - Rales.
 - Respiratory disease.
 - (k) Heart—
 - Apex-interspace.
 - Sounds.
 - Murmurs.
 - Pulse rate.
 - Heart disease.
 - (l) Abdomen—
 - Hernia, truss—operation.
 - Intestinal parasites.
 - (m) Orthopedic defects.
 - (n) Nervous system—
 - Chorea.
 - Other abnormalities.
 - (o) Kidneys—
 - Disease.
 - (p) Diabetes.

In making reexaminations, physicians should cover the same points as in the first examination, and in addition should note in detail any changes in physical condition, either improvement or defect, and all diseases or operations the child may have had in the interval between the two examinations.

2. Use of previous examination records.

Records of examinations made by school medical officers during the child's school period should when practicable be made available to physicians making examinations of applicants for work permits.

3. Record card and instructions for use of examining physician.

For the purpose of securing uniformity in administration and in statistical analysis, the committee recommends the use of a uniform record card in all States where the law provides for a certificate of physical fitness for children entering employment.

STATE

CITY OF ST. LOUIS

FEDERAL RESERVE BANK OF ST. LOUIS

DATE

AMOUNT

FOR DEPOSIT TO THE ACCOUNT OF

IN FULL OF THE ACCOUNT OF

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INSTRUCTIONS TO PHYSICIANS FOR FILLING IN RECORDS OF PHYSICAL EXAMINATIONS OF CHILDREN APPLYING FOR EMPLOYMENT CERTIFICATES.

Answers to items 1-8 and 11-14, inclusive, and name and address of intended employer, industry, and occupation, and all required information relative to preceding employment, if any, should be filled in by the issuing officer or his clerk *before the child is sent to the physician for examination.*

In filling out record blank check (✓) where defect or abnormality is found, and dash (—) where condition is normal. Where item is marked (sp.) specify defect or condition indicated.

2. Add.—Address.
3. Y. M. D.—Enter year, month, and day.
5. Col.—Color.
6. Gr.—Grade. Enter grade completed.
9. Note only significant defects or diseases, such as tuberculosis, insanity, etc. Specify member of family affected and whether living or dead.
10. After "operations"—Note (1) nature of operation; (2) date. After "Hospital or dispensary care" note (1) name of hospital or dispensary; (2) nature of defect or illness for which treatment given; and (3) period of care (i. e., dates of beginning and ending).
11. In the case of all original examinations and of all reexaminations of children changing employment, the issuing officer or clerk should enter the number of the job for which certificate is desired, as indicated on the Industrial Record. In the case of periodical reexaminations or reexaminations of children to whom certificates have been temporarily refused pending correction of defect, or who have been working on provisional certificates, and who are not intending to change their employment, one of the following symbols should be entered as indicated:
Per.: Regular Periodical Reexamination of all working children required by law or administrative ruling.
Prov.: Reexamination of child working on provisional certificate.
Cor.: Reexamination of child temporarily refused certificate pending correction of defects.

NOTE.—In the case of children temporarily refused certificates, whose defects are corrected or treatment commenced within a short time after the initial examination and where in consequence no complete reexamination is necessary, no record of reexamination need be entered except under 54.

- 12, 13. Y. M. D.—Enter year, month, and day.
14. Enter age in terms of years, months, and days.
15. *Height.*—To be entered to nearest quarter inch, and should always be measured without shoes.
16. *Weight.*—To be entered to the nearest quarter pound, and should always be taken without coat and shoes, preferably without clothing. *It should always be indicated on the record card whether children were weighed with or without clothing.* (If clothed, check cl.; if stripped, check N.)

NOTE.—Where girls are examined without clothing, the examination should be made by a woman physician or nurse, or in the presence of a nurse or of the girl's mother, or woman guardian or relative.

17. *Nutrition.*—To be determined by such factors as muscle tone, the color of the skin and mucous membranes, and the relation to each other of height, weight, and age. Check on record card condition indicated, as follows: E—excellent, G—good, F—fair requiring supervision, P—poor (requiring medical attention).

18. *Anemia.*—If suspected because of pallor of mucous membranes (especially conjunctiva), laboratory tests should be made and results recorded. Presence of anemia should be noted only where determined by such tests.

21. *Skin.*—Parasitic diseases. Here note pediculosis, scabies, etc.
22. *Skin.*—Other diseases. Here note eczema, impetigo, etc.
23. *Vision.*—A separate examination and record of the visual acuity of each eye should be made, the Snellen test card being used. Ability to read the twenty-foot line at a distance of twenty feet to be considered perfect and recorded as 20/20. Record in fractions, the numerator indicating the distance between chart and child, denominator indicating line read by the child. (Figures shown at side of chart.) If child is unable to read any of the letters correctly at twenty feet, move him toward the chart until he can see the top letters, and measure distance between him and the chart and record as test. If child is wearing glasses, the test to be made both with glasses on and with glasses off. A child with vision of 20/30 or less in either eye should be referred to an oculist.

25. *Hearing.*—Each ear to be tested separately, using the whispered voice at a distance of twenty feet. Child should stand with ear being tested toward examiner, and other ear covered or external canal occluded. If hearing is defective, the examiner should advance slowly toward the child until he can hear the whispered voice—measure distance between examiner and child, and record in fractions, 20/20 being normal. Inability to hear the whispered voice at ten feet or less should be considered defective hearing and should be referred to a specialist.

29. *Nasopharynx.*—Na. obstr.—Nasal obstruction.
30. *Tonsils.*—Enlarged—diseased. Visual examination of the throat to be made with the use of an individual wooden tongue depressor, a separate one to be used for each examination. Check conditions found.

31. *Glands.*—Enlarged. Specify as cervical, axillary, inguinal, etc.
34. *Chest.*—Examination of the chest should always be made on the bare skin.
35. *Lungs.*—To be examined by percussion and auscultation, and use of stethoscope. Any abnormal condition found to be specified.

Abn. brth. sounds.—Abnormal breath sounds.
39. *Heart.*—To be examined with stethoscope.
43. *Heart disease.*—Specify variety of organic disease and compensation.
44. *Hernia (Yes—No—Truss—Operation).*—Presence or absence to be determined by questioning and physical examination where suspected. Check whether found or not, whether truss worn, and whether or not child needs operation.

45. *Intestinal parasites.*—Examination of the stool to be made when hookworm or other intestinal parasites are suspected, and results recorded.
46. *Orthopedic defects.*—General inspection of the body to be made. All defects, including impaired mobility or defects of posture must be specified. Necessary measurements to be made when indicated by abnormal findings.

49. *Kidneys.*—Urine analysis to be made if kidney disease is suspected, and the results recorded.
50. *Diabetes.*—Urine analysis to be made if diabetes is suspected, and results recorded.

51. *Mentality.*—Special examination to be made by psychiatrist if mental defect or disease suspected, and results recorded.
52. *Recommendations.*—Check as indicated and specify physical defect causing recommendation of refusal or of provisional certificate.

54. *Certificate recommended after correction of defect.*—Enter date of recommendation.
55. *Remarks.*—Note here any unrecorded items which the examining physician recommends for consideration at the time of reexamination, also any diseases and operations or changes in physical condition not elsewhere recorded which child may have had since the last examination.

U. S. DEPARTMENT OF LABOR,
CHILDREN'S BUREAU,
Committee on Physical Standards for Working Children.

10687°—26. (Face p. 14.) No. 2.

INSTRUCTIONS TO PHYSICIANS FOR FILLING IN RECORDS OF PHYSICAL EXAMINATIONS OF CHILDREN APPLYING FOR EMPLOYMENT CERTIFICATES

The purpose of these instructions is to guide the physician in the proper filling out of the record of physical examination of a child applying for an employment certificate. The record should be filled out in ink, and should be signed by the physician who has examined the child. The record should be filled out at the time of the examination, and should be returned to the Bureau of Child Health as soon as possible after the examination. The record should be filled out in the following manner:

1. Name of child: This should be the full name of the child, as it appears on the birth certificate.

2. Date of examination: This should be the date on which the examination was conducted.

3. Age of child: This should be the child's age in years and months.

4. Sex of child: This should be the child's sex, as it appears on the birth certificate.

5. Race of child: This should be the child's race, as it appears on the birth certificate.

6. Address of child: This should be the child's home address, as it appears on the birth certificate.

7. Name of parent: This should be the name of the child's parent, as it appears on the birth certificate.

8. Name of physician: This should be the name of the physician who has examined the child.

9. Signature of physician: This should be the physician's signature, written in ink.

10. Date of signature: This should be the date on which the physician signed the record.

11. Remarks: This should be a brief description of the child's physical condition, as observed by the physician. It should include any abnormal findings, and any recommendations for further examination or treatment.

12. Signature of parent: This should be the parent's signature, written in ink.

13. Date of signature: This should be the date on which the parent signed the record.

14. Remarks: This should be a brief description of the child's physical condition, as reported by the parent.

The record should be filled out in the following manner:

1. Name of child: This should be the full name of the child, as it appears on the birth certificate.

2. Date of examination: This should be the date on which the examination was conducted.

3. Age of child: This should be the child's age in years and months.

4. Sex of child: This should be the child's sex, as it appears on the birth certificate.

5. Race of child: This should be the child's race, as it appears on the birth certificate.

6. Address of child: This should be the child's home address, as it appears on the birth certificate.

7. Name of parent: This should be the name of the child's parent, as it appears on the birth certificate.

8. Name of physician: This should be the name of the physician who has examined the child.

9. Signature of physician: This should be the physician's signature, written in ink.

10. Date of signature: This should be the date on which the physician signed the record.

11. Remarks: This should be a brief description of the child's physical condition, as observed by the physician. It should include any abnormal findings, and any recommendations for further examination or treatment.

12. Signature of parent: This should be the parent's signature, written in ink.

13. Date of signature: This should be the date on which the parent signed the record.

14. Remarks: This should be a brief description of the child's physical condition, as reported by the parent.

Three forms of record card were tentatively approved by members of the committee, as follows:

- a. Form 1 providing on the face of the card for a record of the first examination only. Space on back of original form may be used for records of reexaminations. (5 by 8 card.)
- b. Form 2 providing on the face of the card for a record of the original examination and three reexaminations. (8 by 10 card.)
- c. Form 3 providing for a record of the original examination and three reexaminations, similar in detail to Form 2, except that both sides of the blank are used, making possible a smaller sized card. (5 by 8 card.)

It was finally agreed by the majority of the committee that Form 2 appeared to offer the smallest number of difficulties in administration and that it should therefore be the form printed in this preliminary report and thus made available for general distribution. Unprinted copies of Forms 1 and 3 have been submitted by the committee to the Children's Bureau, with the suggestion that they be made available to any interested persons upon request.⁹

⁹ State and city officials and other interested persons may obtain copies of these forms upon application to the Children's Bureau, U. S. Department of Labor, Washington, D. C. Forms similar to Form 3 are in use in Indiana and in Wisconsin (physical examination mandatory in Milwaukee only), and sample copies, if desired, may be obtained upon application to the State industrial board of Indiana or the State industrial commission of Wisconsin.

APPENDIX.

LAWS RELATING TO PHYSICAL REQUIREMENTS FOR EMPLOYMENT OF CHILDREN.

[1926 legislation included so far as available August 15, 1926.]

EXAMINATIONS BEFORE CHILD GOES TO WORK.

The following summary shows the requirements for the issuance of regular employment certificates only, special permits, such as those granted on account of poverty, being omitted. Since an employment certificate is not always required for all occupations in which a child may legally be engaged, these requirements may not by any means affect all children entering industry. Examinations to determine age are not considered here.

LEGAL REQUIREMENTS FOR PHYSICAL EXAMINATIONS OF CHILDREN GOING TO WORK.

State.	Requirement of examination.	Examining physician.	Physician certifies to—
Alabama-----	Mandatory-----	County health officer or public-school physician, or, in counties in which there are no such health officers or physicians, a regularly licensed physician authorized in writing by the chairman of the county board of health.	1. --- 2. Sound health. 3. Physical fitness for intended work. ¹
Arizona-----	do-----	Medical officer of board or department of health, or physician appointed by school committee.	1. Normal development. 2. Sufficiently sound health and physical fitness for intended work. ¹
Arkansas-----	[No provision]-----		
California-----	Mandatory-----	Physician appointed by school board or other public medical officer.	1. --- 2. --- 3. Physical fitness for intended work. ¹
Colorado-----	[No provision]-----		
Connecticut-----	Mandatory-----	Physician designated by State board of education.	1. --- 2. Sufficiently sound health and physical fitness for intended work. ¹ 3. [Certificate shall also indicate kind of work suited to the child, and no employment certificate is to be granted unless it appears to the issuing officer that its issuance is for the best interests of the child.]
Delaware-----	do-----	Physician designated by labor commission.	1. --- 2. --- 3. Physical fitness for intended work. ¹
Dist. of Columbia--	Optional ² -----	[None specified (choice apparently left to issuing officer.)]	1. Normal development. 2. Sound health. 3. Physical fitness for intended work. ³
Florida-----	do. ³ -----	Medical officer of board or department of health or the county physician.	1. Normal development. 2. Sound health. 3. Physical fitness for intended work. ³
Georgia-----	Mandatory ⁴ -----	(4)-----	(4).
Idaho-----	[No provision]-----		

NOTE.—See footnotes on p. 20.

LEGAL REQUIREMENTS FOR PHYSICAL EXAMINATIONS OF CHILDREN GOING TO WORK—Continued.

State.	Requirement of examination.	Examining physician.	Physician certifies to—
Illinois.....	Mandatory.....	Physician appointed by municipal health department, or by board of education or other local school authority.	1. — 2. — 3. Physical fitness for intended work. ¹
Indiana.....	Mandatory ³	School health officer or public-health officer.	1. Normal physical and mental development. 2. Sound health. 3. Physical fitness for intended work. ¹
Iowa.....	Mandatory.....	Medical inspector of schools or physician appointed by board of education.	1. Normal development. 2. Sufficiently sound health and physical fitness for intended work. ¹ 3. Physical fitness for intended work. ¹
Kansas.....	[No provision].....		
Kentucky.....	Mandatory.....	Public-health officer or physician appointed by board of education.	1. Normal development. 2. Good health. 3. Physical fitness for intended work. ²
Louisiana.....	Mandatory. (In effect July 1, 1927.)	Parish health officer or public-school physician.	1. — 2. — 3. Physical fitness for intended work. ¹
Maine.....	Optional ²	School physician or medical officer of board of health.	1. Normal development. 2. Sufficiently sound health and physical fitness for intended work. ³ 3. Physical fitness for intended work. ³
Maryland.....	Mandatory.....	Physician appointed by issuing officer. ⁷	1. Normal development. 2. Sufficiently sound health and physical fitness for intended work. ¹ 3. Physical fitness for intended work. ¹
Massachusetts.....	do.....	School or family physician or physician appointed by school committee.	1. — 2. Sufficiently sound health and physical fitness for intended work. ¹ 3. Physical fitness for intended work. ¹
Michigan.....	Optional ²	Medical officer of board or department of health.	1. Normal development. 2. Sound health. 3. Physical fitness for intended work. ¹
Minnesota.....	Mandatory.....	Physician designated by school board.	1. Normal development. 2. Sufficiently sound health and physical fitness for intended work. ¹ 3. Physical fitness for intended work. ¹
Mississippi.....	[No provision].....		
Missouri.....	Mandatory.....	Reputable physician.....	1. — 2. Good physical and mental health. 3. Ability to perform labor without injury to health or mental development. ³
Montana.....	[No provision].....		
Nebraska.....	Optional ²	Physician provided by State department of labor.	1. Normal development. 2. Sound health. 3. Physical fitness for intended work. ³
Nevada.....	[No provision].....		
New Hampshire.....	Mandatory.....	Medical officer of board of health or physician designated by school board.	1. Normal development. 2. Sufficiently sound health and physical fitness for intended work. ¹ 3. Physical fitness for intended work. ¹
New Jersey.....	do.....	Medical inspector employed by board of education.	1. Normal development. 2. Sufficiently sound health and physical fitness for any occupation in which child may legally engage. 3. Physical fitness for intended work. ¹
New Mexico.....	Optional ⁹	(⁹).....	(⁹).
New York.....	Mandatory.....	Medical officer designated by local board of health.	1. Normal development. 2. Sound health. 3. — ¹
North Carolina.....	do. ¹⁰	Health officer or practicing physician.	1. — 2. — 3. Physical fitness for intended work. ¹

NOTE.—See footnotes on p. 20.

LEGAL REQUIREMENTS FOR PHYSICAL EXAMINATIONS OF CHILDREN GOING TO WORK—Continued.

State.	Requirement of examination.	Examining physician.	Physician certifies to—
North Dakota ¹¹	[No provision]		
Ohio	Mandatory	School physician, district health commissioner, or physician designated by either.	1. — 2. — 3. Physical fitness for any occupation in which child may legally engage. ¹
Oklahoma	Optional ²	Medical officer of board or department of health.	1. — 2. — 3. Physical fitness for intended work. ³
Oregon	do ²	[None specified (choice apparently left to issuing officer).]	1. Normal development. 2. Sound health. 3. Physical fitness for intended work. ¹
Pennsylvania	Mandatory	Physician "approved" by board of school directors.	1. — 2. — 3. Physical fitness for intended work. ¹
Rhode Island	do	In Providence either of 2 physicians appointed by State commissioner of education; elsewhere physician to whom child is sent by issuing officer.	1. — 2. { Sufficiently sound health and physical fitness for any occupation in which he may legally engage. ¹
South Carolina	[No provision]		
South Dakota	do		
Tennessee	Mandatory	Public-health officer or public-school medical medical inspector. ¹²	1. Good physical development. ¹² 2. Sound health. ¹² 3. Physical fitness for intended work. ¹
Texas	(¹³)		
Utah	[No provision]		
Vermont	do		
Virginia	Mandatory	Public-health or school physician.	1. Normal development. 2. Sound health. 3. Physical fitness for intended work. ¹
Washington	[No provision]		
West Virginia	Mandatory	Medical inspector of schools or public-health officer.	1. Normal development. 2. Sound health. 3. Physical fitness for intended work. ¹
Wisconsin: Outside Mil- waukee.	Optional ²	[None specified (choice apparently left to issuing officer).]	[Issuing officer ¹⁴ may refuse to grant work permit to child who seems "physically unable to perform the labor" at which he "may be employed," or if best interests of child will be served by such refusal.] ¹
Milwaukee	Mandatory	Physician of city health department, or any other competent physician of general practice.	1. — 2. — 3. Ruling of State industrial commission requires from physician "a detailed statement, based upon a physical examination, showing the condition" of the health of the child, and no work permit is issued unless child is shown to be physically fit for employment. ¹
Wyoming	[No provision ¹⁵]		

NOTE.—See footnotes on p. 20.

LEGAL REQUIREMENTS FOR PHYSICAL EXAMINATIONS OF CHILDREN GOING TO WORK—Continued.

FOOTNOTES.

¹ Presentation of promise of employment required for issuance of employment certificate. [In certain States this requirement is not specified in the law but may be implied from the following facts: *Michigan*.—Certificate is to be returned to issuing officer upon termination of employment. *Minnesota*.—Issuing officer's monthly report to State industrial commission must show name of employer and nature of work child is to do, and employment certificate is returned to issuing officer upon termination of employment. *New Jersey*.—Employer must notify issuing officer of nature of child's employment within 2 days after employing child, and certificate is returned to issuing officer upon termination of employment.] In New Hampshire this requirement is prescribed by the State board of education, in North Carolina by the State child-welfare commission, and in Oregon by the State board of inspectors of child labor.

² Because issuing officer's power to require an examination by a physician is implied from the fact that the law requires him to certify to child's physical condition (*District of Columbia* and *Oregon*); because issuing officer must certify to child's physical condition and is specifically empowered to require examination by physician (*Florida, Michigan, and Nebraska*); because issuing officer must "be satisfied" as to the child's physical fitness and is empowered to require examination by physician (*Oklahoma*); because issuing officer is empowered to require examination by physician "in doubtful cases" (*Maine*); or because issuing officer (industrial commission or some person designated by it) may refuse permit to a child who seems physically unable to perform intended work or if in his judgment "the best interests of the child would be served by such refusal" (*Wisconsin*).

³ Promise of employment not required by law. (But where child must be physically fit for intended work it might be implied that the issuing officer may demand formal notice of the work child is to do.)

⁴ The employment certificate must show that child is physically fit to follow the employment sought (promise of employment is required). State department of commerce and labor holds that examination by physician is compulsory. Rulings of board state that for examination of children a public-health or public-school physician must be given preference; if neither of such physicians is available, the superintendent of schools will designate a physician to make the examination.

⁵ Law exempts from requirement, upon written objection of parent, child who has been exempted from physical examination while attending school (parent's written objection required for latter exemption also.)

⁶ The law does not specifically require a promise of employment, but the forms prescribed by the State commissioner of labor for the use of employment certificate issuing officers include a form for promise of employment. Also since child must be physically fit for intended work it might be implied that the issuing officer may demand formal notice of the work the child is to do.

⁷ State Board of Labor and Statistics issues employment certificates in Baltimore; State board and local school superintendents or their deputies have coordinate authority outside Baltimore.

⁸ Promise of employment not specifically required by law, but certificate permits child "to work at the occupation therein to be designated," and issuing officer must be satisfied work is not dangerous nor injurious.

⁹ Satisfactory proof must be furnished to certificate-issuing officer that the work is not dangerous to child or injurious to his health, and application for employment certificate must show that child is in good physical health.

¹⁰ Examination within six months previous by authorized medical officer may be accepted as substitute.

¹¹ In North Dakota the law makes no provision for a physical examination when a child first goes to work, but states that upon termination of the employment a new employment certificate shall be issued only "upon presentation by the child of a new promise of employment and a new certificate of physical fitness." The issuing officer may revoke child's certificate whenever it shall appear that the physical welfare of the child would be best served by such revocation, but the law does not specify that a physical examination shall be required as a basis for revocation.

¹² Law passed later at same session states that child must present certificate from reputable physician or health officer showing physical fitness for intended work.

¹³ No regular employment certificate required for child above minimum age (15); physical examination mandatory for "poverty" permit, which may be issued to child between 12 and 15 years of age under certain conditions.

¹⁴ State industrial commission or person appointed by it.

¹⁵ No legal provisions for employment certificates applicable to general occupations.

REEXAMINATIONS.

Reexamination when child changes employers.

In Delaware, Illinois, Maryland, Ohio, Pennsylvania, and Virginia the law specifically requires a child to be reexamined by a physician whenever he goes from one employer to another. The Maryland, Pennsylvania, and Virginia laws provide further that the employment certificate shall be valid only for the specific occupation for which it is issued,¹ and in Ohio a child whose complete physical ability to engage in any legal occupation can not be vouched for may be granted a limited certificate good only in the occupation designated by the physician. But since in these States the employer is not obligated to return the certificate to the issuing office when he puts the child at another kind of work, this limitation of the certificate to a single occupation in a single establishment is practically unenforceable. Although the express requirement of a reexamination when changing from one employer to another is not found in the laws of any of the 19 remaining States which make the first examination mandatory, there is reasonable ground for believing this to be implied wherever the law, in addition to requiring a child to be physically fit for the work he intends to do before he can obtain an employment certificate, makes him secure a new promise of employment and a new certificate for each new employer.² In any case an opportunity is offered for a reexamination wherever the child must come back to the issuing office for an employment certificate before he goes to work for a new employer (whether he gets a new certificate or merely his old one reissued), and this he is obliged to do in all the States where the original examination is mandatory, except in Missouri,¹ New York,³ North Carolina, and Tennessee, and in at least three of the States (Michigan, Oregon, and Wisconsin) where the examination is optional.

Periodical reexaminations.

Only one State, Virginia, as yet specifically provides for periodical physical examinations of children who have entered upon employment. In that State the employment certificate becomes invalid after 12 months from its date of issuance unless a new certificate of physical fitness, like the one required when the employment certificate was first issued, is filed with the issuing officer. In Missouri such a periodical examination might be required, since the employment certificate becomes invalid at the end of three months, and an extension (for the same period) is conditional upon a satisfactory showing on the part of the child that he is in good health. Under the New Mexico law the application for the employment certificate must show that the child is in good physical health and the certificate must be renewed at the end of six months, such renewal being conditional upon "satisfactory showing that the child is in good health." In 9 States, moreover (Illinois, Indiana, Louisiana, Maine, Minnesota, New Hampshire, New York, Ohio, and Oklahoma), the factory

¹ In Missouri there is no statement about reexamination when child changes from one employer to another or from one occupation to another, but the certificate permits child "to work at the occupation therein to be designated," and certificate-issuing officer must be satisfied work is not dangerous nor injurious. (See also under "Periodical reexaminations" and footnote 11 on page 20.)

² These requirements are found in all the mandatory States, except Missouri (see footnote 1), New Jersey, New York, North Carolina, Rhode Island, and Tennessee.

³ In New York the law specifically states that the child shall be entitled to a new certificate upon return of the old certificate and presentation of a new promise of employment.

inspector or some other State official enforcing the labor law is authorized to require a child found at work to secure a certificate of physical fitness from a physician in order to continue in employment. In most of these States this demand may be made only in case a child seems physically unfit for the employment at which he is engaged, but in Indiana and New York children must submit to such an examination whenever required to do so by the enforcing official, and in Louisiana the provision applies only to children apparently "under legal age." Besides these 9 States, 3 others (Alabama, Massachusetts, and Mississippi) have laws of this general type.⁴ In Alabama the inspectors of the child-welfare department, which enforces the child labor law, must remove from an establishment any child with an infectious, contagious, or communicable disease, or whose physical condition makes his continuing at work hazardous to himself. In Massachusetts inspectors of the State board of labor and industries are directed by law to inform themselves concerning the health of minors employed in factories in their districts, and, whenever they think it advisable or necessary, to call the ill health or physical unfitness of any minor to the attention of his parent, his employer, and the State board. In Mississippi county health officers must inspect manufacturing establishments and report to the sheriff any child whose physical condition incapacitates him to perform the work required of him, the sheriff being required thereupon to remove the child from the establishment. The Rhode Island law empowers the State board of health to declare any particular occupation injurious or hazardous for any particular minor under 16, whereupon it shall be unlawful for that minor to be so employed.

Reexamination required through issuance of temporary certificates.

In Connecticut, Delaware, and Pennsylvania the law expressly permits the physician, whenever he deems it advisable, to issue a certificate of physical fitness good only for a limited period, at the end of which the minor must return to the issuing office and submit to reexamination in order to be allowed to continue in employment. In practice such temporary certificates are issued in some States even where this express provision of the law is not found.

ADMINISTRATIVE PROVISIONS.

Issuing officers.

In 30 States and the District of Columbia the issuance of employment certificates is placed by law in the hands of local public-school officials,⁵ usually the superintendent of schools or some person designated by him. These States are: Alabama, Arizona, California, Delaware,⁶ District of Columbia, Florida, Georgia, Illinois, Indiana,⁷ Iowa, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York,⁸ North

⁴In Wisconsin the State industrial commission, and in North Dakota the issuing officer, may revoke the employment certificate whenever it appears that the child's physical welfare would be best served by such revocation, but the law does not specify that a physical examination shall be required as a basis for revocation.

⁵Not including New Hampshire, where local public-school authorities issue certificates but are under the supervision and control of the State board of education.

⁶Outside special school districts, State superintendent of public instruction or his deputy is issuing officer.

⁷Where school superintendents deputize other persons as issuing officers, the approval of the State board of attendance is required.

⁸Where school superintendents deputize other persons as issuing officers, it must be done in accordance with the regulations of the State commissioner of education. The number of issuing officers is limited to not more than one for each quarter million or fraction thereof in each city or school district.

Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Dakota, Tennessee, Utah, Virginia, and West Virginia. Three other States, while permitting local public-school officials or their appointees to issue certificates, give equal powers to some other person: Arkansas,⁹ State commissioner of labor and statistics; Colorado, superintendent or principal of a parochial school; and Kansas, judge of a juvenile court. In one other State, Louisiana, the certificate is issued by the city factory inspector in New Orleans, elsewhere by the school authorities.

States in which the issuance of certificates is centralized to a greater or less degree through being placed under direct control of some State authority¹⁰ are: Connecticut, where the State board of education has entire control of issuance; Maryland, where the State board of labor and statistics must issue certificates in Baltimore and may issue them in other parts of the State;¹¹ New Hampshire, where local school officials issue certificates, but the State board of education, through its power to enforce the certificate law and to appoint the school superintendents, who are the issuing officers, has the work under its control; North Carolina, where the State child-welfare commission, which enforces the child labor law, appoints the issuing officers and prescribes the conditions under which certificates shall be granted; Oregon, where the State board of inspectors of child labor either itself issues or appoints the issuing officers and directs the work; South Carolina, where the State commissioner of agriculture, commerce, and industries issues "permits" based upon the parents' affidavits, which are obtained by the employer and forwarded to him; Vermont, where the commissioner of industries alone is empowered to grant certificates; and Wisconsin, where the industrial commission issues certificates in Milwaukee and appoints the issuing officers and supervises their work throughout the State.

In Nevada and Washington the continuation-school laws call for permits from the school officials, and the labor laws require also permits from a judge—in Nevada a judge of the district court of the county and in Washington a superior court judge. In Texas the only working papers issued are temporary permits granted by county judges to children permitted to be employed under the legal working age (15) on account of poverty. In Mississippi and Idaho there is no "issuing officer" strictly speaking; in the former State the only paper required is an affidavit from the parent and in the latter the employer must keep an "age record" of children between 14 and 16 years of age employed. In Wyoming no provision is made by law for work permits for general occupations.

Power to prescribe forms and standards.

One of the first steps toward standardizing physical examinations is the use of a uniform record blank. In the following 16 States some official or board is given specific authority to formulate and

⁹Construction of law by State commissioner of labor and statistics, who has power to make rules and regulations to secure satisfactory evidence of age, is that employment certificates are to be issued by the said commissioner only, proof of age being forwarded to him by the school authorities.

¹⁰In North Dakota the State board of administration must exercise supervision over the administration of the employment certificate law. In Virginia the State commissioner of labor must supervise the work of the issuing officers and make rules and regulations for carrying out the purposes of the act. (See also footnote 9 for provision in Arkansas.)

¹¹Local school superintendents have coordinate authority outside Baltimore.

furnish the preliminary forms necessary for issuing employment certificates, including record forms for physical examinations, though the law is not always clear as to whether the use of these forms is compulsory:¹² Alabama, California, Connecticut, Delaware, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, North Carolina, Virginia, and West Virginia. In California, Connecticut, Iowa, Kentucky, New Hampshire, and New Jersey this power is given to the State board of education; in Indiana to the State industrial board in cooperation with the State board of attendance; in New York to the State commissioner of education, subject, in the case of the record of the physical examination, to the approval of the State commissioner of health; and in the other eight States to the State board or official enforcing the child labor law. In Massachusetts the State board of education is to be consulted and the form must be approved by the attorney general. In Maine also the attorney general must approve the form. In States where the issuance of certificates is under direct control of some State authority this power to prescribe forms might be implied even when it is not specifically given in the law. In addition, the Alabama law provides that proof of the child's physical fitness shall be based upon standards prescribed by the State board of health. The blanks and forms for the physical examination shall be approved by the State board of health.

Revocation of employment certificates.

In the following 13 States the State board or official charged with the enforcement of the child labor law is authorized to revoke certificates improperly issued:¹³ Alabama, Arkansas, California,¹⁴ Georgia, Indiana,¹⁴ Kansas, Maine, Missouri,¹⁵ New Jersey,¹⁶ North Carolina, Rhode Island, West Virginia, and Wisconsin. In North Carolina the agents of the State child-welfare commission may revoke certificates issued on false evidence of age and may suspend the certificate whenever a condition is found that will injure the health or morals of a child or endanger his physical safety, pending the action of the commission. In New Mexico the bureau of child welfare, which enforces the employment certificate law, may cancel any permit "for cause" with the concurrence of the issuing officer. In Wisconsin this power extends also to cases where the physical or moral welfare of the child would be best served by such revocation. The power to require a child who appears physically unfit for the work he is doing to be examined by a physician, found in the laws of a number of States, carries with it the right to cancel the employment certificate if the physician's report is not satisfactory. In States where the issuance of certificates is under direct control of some State authority the power of revocation might be implied even when not specified in the law.

¹² In Maryland the law states that the preliminary forms necessary for the issuance of the certificate need not be those prescribed by the State board if they state fully the facts called for by the statute.

¹³ In Kentucky and Louisiana also powers of revocation are given to State labor officials but are limited to cases where the child is under legal age (Kentucky) or where the certificate was obtained through fraud or misrepresentation (Louisiana).

¹⁴ In California the State superintendent of public instruction and in Indiana the State board of attendance have similar powers of revocation.

¹⁵ In Missouri the certificate may be revoked "for cause." In New Jersey the original papers upon which certificates are granted are sent to the State department of labor, which examines them and notifies the commissioner of education of any cases where the certificate appears to have been improperly issued. The latter has power to direct the board of education of the district where the certificate was issued to cancel the certificate, and the district board must cancel the same if so directed.

