



Health Statement

Name: _____ Birthdate: _____

Status of above child's health: _____

Date of Last Exam: _____

Any Know Conditions/Treatments: _____

I have examined the above child and I find him/her to be in general good health. I find him/her able to participate in the daily activities of the learning center.

Physician's Signature

Date

Physician's (Printed Name)