



Doctor's Statement

_____ has been examined by me on: _____

and was found to be free of any contagious and transmittable diseases, and is physically able to participate in any of the child care programs.

Remarks: _____

_____.

Signature: _____ MD

Printed Name: _____ MD

Address: _____

City: _____ State: _____

Phone: _____

Date: _____