

STATEMENT OF HEALTH FOR CHILDCARE

Date:

To Whom it May Concern:

_____ (DOB / /) was last examined in my office
on _____

I certify that the above listed child is up to date on immunizations and is free of contagious disease. The
Child can participate in all the activities and is able to attend childcare.

Signed,

_____ Date _____

Health Care Provider Signature

Health Care Provider Name

Health Care Provider Phone Number