Wellness Form

This form is to be completed by your child's physician.

Date:_____

Child's Name:_____ **Date of Birth**_____

The child above has been examined by a physician at _____

_____ **on**_____

At the time health history and vaccination records were reviewed and physical exams were performed. The patient was found to be healthy and free of any communicable diseases. He/she is fit and able to attend a child care facility without restrictions.

_____**, MD**

Name of Physician and Clinic _____

_____

Address:_____

_____

Phone Number:_____