



## Doctor Statement Form

I have examined \_\_\_\_\_

Child's Name

within the past year and found him/her to be  
healthy, free of infectious disease and able  
to take part in a preschool program.

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

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