

**CHAPIN UNITED METHODIST CHURCH PRESHCOOL  
GOOD HEALTH CERTIFICATE**

I, \_\_\_\_\_, have examined  
Physician Name

\_\_\_\_\_ on \_\_\_\_\_ and find  
Child's Name Date of Examination

him/her to be in good general health and able to attend preschool. There are no health precautions which would prevent this child from participating in normal preschool activities.

Signed,

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date