

Concordia Lutheran Preschool Well Child Form

In compliance with state law, this form must be signed by a physician or nurse and on file in the Concordia Lutheran Early Learning Center office before the first day of school. The examination must have been within the last twelve (12) months.

This certifies that	(Child's Name) has had a doctor's examina	ation
on	(Date) and was found to be in good health, free from any	llion
communicable disease, ar	nd is able to participate in a preschool/kindergarten program.	
Physician or Nurse Signat	ture Date	

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