

CERTIFICATE OF HEALTH

Educacentre College

TO THE PHYSICIAN:

Name of Applicant

is interested in enrolling in the Early Childhood Education Program at Educacentre College. A brief note regarding the applicant's general state of health is required. Please complete the following form.

Date: _____, 20____

I, _____, have found to the best of my knowledge,
Name of Physician

_____ to: **(*All boxes must be checked)**
Name of Applicant

be in Poor Fair Good general health

have no communicable diseases

be free of any back problems that may interfere with lifting children

be able to work at a job in a public childcare setting

Name of Physician

Signature of Physician

Address

Telephone

LE COLLÈGE
FRANCOPHONE EN C.-B.
THE FRENCH COLLEGE IN BC