

## CERTIFICATE OF HEALTH Collège Éducacentre

TO THE PHYSICIAN:

\_\_\_\_\_  
*Name of Applicant*

is interested in enrolling in the Early Childhood Education Program at Collège Éducacentre. 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 the Physician*

\_\_\_\_\_ to: (\*All boxes must be checked)

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 the Physician*

\_\_\_\_\_  
*Signature of Physician*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Telephone*