



Clear Lake Montessori School  
2486 Falcon Pass Drive  
Houston, Texas, 77062

### Physician's Health Check Report

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

This child is entering school and is required to obtain the following statement from the physician or a screening and treatment program. This certifies that the child is physically able to participate in the school program.

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I certify that the above child name is free of communicable disease and is physically and mentally able to participate in group activities.

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Physician's Name (Printed)

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Physician's Signature

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Address

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Phone Number

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Date