



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.

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

Physician's Name (Printed)

Physician's Signature

Address

Phone Number

Date