

New Life Community Christian School

Health Statement

Child's Printed Name: _____

Office or clinic child was seen at: _____

Date seen: _____ Child's DOB: _____

The above listed child has been evaluated and deemed **healthy enough to attend childcare.**

The above listed child **IS / IS NOT** up to date on vaccines. If not up to date on vaccines, we are actively working on catching the child up on his/her vaccines.

Health Care Provider Signature: _____