

## Good Shepherd Lutheran Early Childhood Center Certificate of Health

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

This is to certify that the above named child is free from communicable disease and is physically able to participate in the school program, having been examined by me within 12 months prior to the date of admission.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**Please be advised that ALL immunizations must be current and a copy of your child's immunization record be on file BEFORE your child begins care at Good Shepherd.**