Co-op Parent Health Report

Physician's Statement

INSTRUCTIONS: Please provide a copy of this form to each parent to be given to his/her examining physician. The top portion of the form should be completed by the parent; the bottom portion MUST be completed and signed by the physician or physician's assistant.

Parents should complete this form and submit on an ANNUAL basis.

AGAPE Preschool

Name of Religious Institution

Name of Parent

This statement is signed in compliance with the Code of Virginia, Section 63.2-1716.

I certify that _____ (Patient) is free from any disability which would prevent him/her from caring for children.

Date _____
(Month/Day/Year)

Physician's (Assistant's) Signature: _____

Physician's (Assistant's) Name: _____

Address: _____

Telephone Number_____