

## **Doctor's Statement**

	nas been exami	nea by me on:
	and was found to be free of any of	contagious and
transmittable diseases.	and is physically able to participate in any of	the child care
programs.	Fy y F	
programs.		
Domorko.		
Kemarks		
	Allonging/Agthma	
	Allergies/Asthma	
Has allarging (Cirola) was	or no (If was places provide an action plan if peaded	l and madiaina)
has allergies- (Circle) yes	or no (If yes, please provide an action plan if needed	and medicine)
Has asthma- (Circle) yes or	r no (If yes please provide an action plan if needed, i	medicine or
inhaler)		
Signature:	MD Printed Name:	MD
Digitature.		ND
Address:	City: State:	
	•	
Dhonor	Data	

Little Oaks Discovery School

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