

FAMILY MONTESSORI PRESCHOOL
57 Esteban Abada Street, Loyola Heights, Quezon City
Telephone No. 426-0310

MEDICAL CERTIFICATE For _____ Name of Child

IMMUNIZATIONS GIVEN	DATE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1. How has the child's health been in the past?

2. Does he/she have any recurring sickness? _____
If yes, what? _____
Why? _____

3. Is he/she under any special medication? _____
If yes, for what? _____
For how long? _____
In what dosage? _____

4. Is there any other information regarding the child's health which would enable us at school to understand and care for him/her better?

Signature & Printed Name of
Family Doctor / Pediatrician

Address

Telephone Nos.