



Preschool Campus: 4729 Neta Ln.  
Wichita Falls, TX 76302  
(940) 763-1347  
www.wichitachristian.com

## Health Care Professional Statement

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Date of Exam:** \_\_\_\_/\_\_\_\_/\_\_\_\_

This is to certify that I have examined the above-named student within the past year, and to the best of my knowledge, find that he/she is in good physical and mental health, free of any communicable diseases, and able to participate in a preschool program that includes P.E. and outdoor physical play.

**Health Care Professional's Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title (MD/DO/NP/PA):** \_\_\_\_\_

**Clinic/Practice Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_