



Doctor Statement Form

I	have examined _			(Child's Name)		
Oľ	I	(Date)		and	foun	d him/her
to	be h	ealthy	, free	of ir	ifectio	us disease
an	id abl	e to	take	part	in a	preschool
pr	ogram	l .				

(Physician's Signature)

(Date)

Discovery Days Director: Leslie Meil Records Coordinator: Lisa Broce



Contact: Phone: 972-727-7241 / Fax: 972-727-6481 Email: discoverydays@fbcallen.org 201 E. McDermott, Allen, TX 75002