Nursery School Medical Statement

TO: Examining Physician

The person named below has applied to work with young children in a nursery school. Current Maine statutes make the licensing of nursery schools mandatory. One of the requirements for a license as stated in the law is as follows:

"Each licensee, administrator or other staff member of the nursery school, who provides care for the children, shall be declared, biennially (every two years), by a licensed physician to be free from communicable disease." [10-148, Chapter 36: Rules for the Licensing of Nursery Schools, Section XI.F. Biennial declaration by physician.]

Please examine and/or certify that the following individual is free from communicable disease. Thank you.

IDENTIFYING INFORMATION:

Name: _____

Last First Middle Initial

Address: _____

NAME AND ADDRESS OF NURSERY SCHOOL:

_____

_____

DECLARATION:

I certify that the individual above has been examined by me and is free from communicable disease.

Signed: _____, M.D.

Address: _____

Date: _____

SAMPLE