



Physician's Statement of Health

THIS DOCUMENT MUST BE COMPLETED, SIGNED, AND RETURNED TO THE FRONT OFFICE BEFORE YOUR CHILD CAN ATTEND MAGNOLIA PREPARATORY ACADEMY.

Child's Name: _____

Date of Birth: _____

I have examined the above-named child within the last twelve months and find that he/she is able to take part in a preschool program.

Physician's Name	
Physician's Address	
Physician's Phone Number	

Physician's Signature

Date

Magnolia Preparatory Academy Immunization Requirements

PLEASE ATTACH YOUR CHILD'S IMMUNIZATION RECORD VERIFIED BY YOUR DOCTOR/HEALTH PROFESSIONAL OR AN APPROVED VACCINE EXEMPTION FORM.