



Dear Physician,

The completion of this form is necessary for this child to attend the Preschool-Kindergarten at The Denver Waldorf School, and certifies that this child is well enough to attend school.

Child's Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

Parent #1 or Guardian #1 Name: \_\_\_\_\_

Parent #2 or Guardian #2 Name: \_\_\_\_\_

Date of Last Examination: \_\_\_\_\_

Findings: \_\_\_\_\_

\_\_\_\_\_

Comments and recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

You can fax a copy of this form to The Denver Waldorf School to the attention of Christa Gustafson at 303-744-1216, or email to [dws@denverwaldorf.org](mailto:dws@denverwaldorf.org). Please call Christa at 303-777-0531 x100 if you have any questions.