



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: _____

Mother or Guardian's Name: _____

Father or Guardian's 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. Please call Christa at 303-777-0531 x100 if you have any questions.