

**THE MONTESSORI INSTITUTE  
HEALTH CERTIFICATE FOR TRAINEES**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

I have examined the above named person and certify that s/he is:

1. free from disease in communicable form
2. in satisfactory physical condition which will permit close association with children without danger to them.

In addition to a general physical examination, the following has been done:

**Tuberculin Test (state method used)**

\_\_\_\_\_

|                |      |
|----------------|------|
| method of test | date |
|----------------|------|

Has this person ever had any serious illnesses? Is so, please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of examining physician                      (Please also print name)                      Date

Address \_\_\_\_\_

\_\_\_\_\_