

BOLTON COOPERATIVE NURSERY SCHOOL, INC.

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P.O. Box 9233, Bolton, CT 06043-0233

Phone: (860) 643-7454

PHYSICIAN'S STATEMENT OF HEALTH STATUS FOR  
HELPING PARENT AND CHILD DAY CARE PERSONNEL

Name: \_\_\_\_\_

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

\_\_\_\_\_

Date: \_\_\_\_\_

Based on the results of my examination, this individual shows no discernable evidence of physical, emotional or mental disability or health defect which may endanger the health of co-workers or children.

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

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

\_\_\_\_\_

Date: \_\_\_\_\_

A Tuberculin test is required every 3 years.

Type of Tuberculin test: \_\_\_\_\_

Result: \_\_\_\_\_

\_\_\_\_\_

Date planted: \_\_\_\_\_