



This is to certify that I have examined

_____ on _____,
Childs name Date

and found him/her to be healthy, free of contagious disease and able to participate in pre-school/group activities.

Patient name
Doctor's name
Address
Phone #
Signature

Crossroads Early Learning Center
12110 East Sam Houston Pkwy N
Houston, TX 77044
Crossroadselc.com
713-904-5148