Date: [Insert Date]

To: [Daycare Center Name]
Address: [Daycare Address]

RE: Medical Clearance for Enrollment

Child's Name: [Child's Full Name]
Date of Birth: [Child's Date of Birth]

To Whom It May Concern,

I have physically examined the child named above on [Date of Exam]. Based on the clinical findings, I certify that this child is in good health and is physically fit to participate in a standard daycare program without restrictions.

Immunization Status:
[ ] The child is up to date on all age-appropriate immunizations.
[ ] A copy of the immunization record is attached.

Allergies and Chronic Conditions:
[ ] None
[ ] List: [Insert Allergies/Conditions]

Medications:
[ ] None
[ ] List: [Insert Current Medications]

If you have any questions or require further documentation, please contact my office.

Sincerely,

[Physician Signature]

Physician Name: [Print Name]
Clinic Name: [Name of Practice]
Phone Number: [Phone Number]
Medical License #: [License Number]