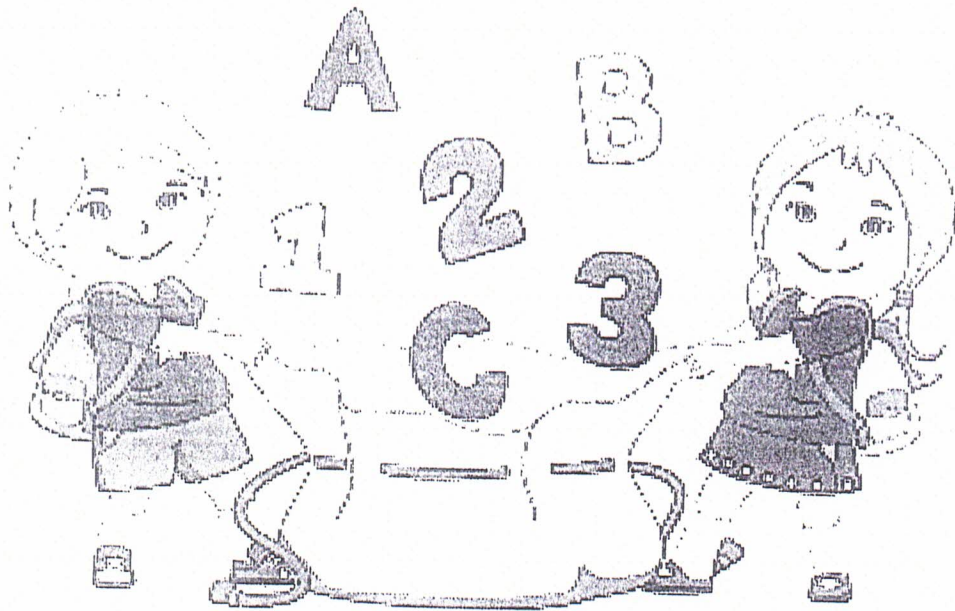


Well Child Check Form



I have examined _____ on

Child's name

_____ date

And I have found her/him healthy and she/he may attend school/daycare.

Doctor's Signature

Date