

**NewStart Preschool  
Healthcare Professional Statement**

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

To Whom It May Concern:

\_\_\_\_\_ (*Student's name*) has been  
examined by me on (*date*) \_\_\_\_\_. He/She  
is in good health and free of contagious diseases.

He/She can participate in all activities. His/Her  
immunizations are up to date.

Sincerely,

\_\_\_\_\_ (*Dr. Signature*)