



Montessori Training Centre of British Columbia

CONFIDENTIAL Health Certificate for Montessori Assistants to Infancy Course Students

PART I: To be filled in by the Student

Name: _____ Birth Date: _____ Sex: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Country: _____

Do you have or have you had any serious health problems? _____

If yes, please describe and give dates:

Dated: _____ Signature of Student: _____

PART 2: To be filled in by the Examining Physician

I have examined the above named person and certify that s/he is:

1. Free from disease in a communicable form; and
2. In satisfactory physical and mental condition which will permit close association with children without danger to them.

Has this person ever had a serious illness? If so, describe:

Please date, sign and affix your Physician Identification stamp to this certificate. The originally signed form must be returned to the student to submit to the Montessori Training Centre of BC.

Date: _____ Signature of Physician: _____

Print Name of Physician: _____

Address: _____

Note: Chest X-Ray or Tuberculin Skin Test is not compulsory. Consult with your physician.

“Follow the Child...”