



# Montessori Training Centre of British Columbia

1410 Nanton Avenue, Vancouver, BC V6H 2E2  
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## CONFIDENTIAL Health Certificate for Bridging ECE 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: \_\_\_\_\_

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### 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..."*