



CONFIDENTIAL Health Certificate

Part 1: To be filled in by the Student

Name: _____ Birth Date: _____ Gender: _____

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...”



Name: _____

Date: _____

Immunization Guidelines

Below is a list of vaccines recommended by the Vancouver Coastal Health. They are not required by law but highly recommended when working with young children.

Highly recommended	
	Flu (influenza), every year
	Covid-19 Vaccination (both doses) - Date of 1 st Dose: _____ Date of 2 nd Dose: _____
	Tentanus/ Diphtheria, booster is needed every 10 years
	MMR (measles, mumps, rubella) – all childcare workers born 1970 or later require two doses of MMR vaccine. If you were born earlier, ask your health care provider about your needs.
	Chickenpox (varicella) if you have not had chickenpox disease
Recommended for your personal benefit	
	Meningococcal
	Pertussis (whooping cough)
	Hepatitis B
	HPV (human papillomavirus)
	Hepatitis A, Shingles, and Travel Vaccines
	Tuberculosis

“Follow the Child...”