



200 SE 19th Avenue
Pompano Beach, FL 33060
954.283.2160
www.bcckids.org

CERTIFICATE OF GOOD HEALTH

Physical Examination

This certifies that _____
Print Name

was given a physical examination on _____
Date

I find the above named person in good physical and mental health and with no apparent signs or symptoms that would limit the performance of routine job duties or any communicable diseases that could endanger residents.

Medical Physician/ ARNP Signature

Date

Print Name

License Number

Address

City State Zip Code