



ASSOCIATE OF ARTS (EARLY CHILDHOOD EDUCATION)
MEDICAL FORM

Student's Name: _____ Maiden (if applicable)
 First Name Middle Initial Surname

Bermuda College Student Number: _____

Date of Birth: _____ DD/MM/YY

This student will be assuming some of the responsibilities and duties that may entail close contact with adults as well as children and youth, and also possibly care-taking and maintenance activities (e.g., food preparation, clean-up, laundry, etc.). Some lifting of children or furniture could be necessary.

We will leave to your professional judgment to determine what, if any, tests are necessary in order for you to determine the following:

In your opinion, is this student in good health; free from contagious disease, as well as serious mental or emotional handicaps that would be detrimental to the children, youth and adults with whom he/she will be in contact? Please comment as necessary and include status on Mantoux, Rubella and Varicella.

Signature of Physician: _____

Name of Physician: _____

Date of Examination: _____

