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## Doctor's Wellness Statement

**You must submit the following within one week of enrollment:**

Student Full Name: \_\_\_\_\_

Doctor's statement: I have examined the above-named child within the past year and find that he/she is physically able to take part in the YPW Spanish Immersion program and her/his vaccination record is up to date.

Physician's Signature

Date

\_\_\_\_\_  
Physician's Address and Phone Number

\_\_\_\_\_  
Physician's Seal

For 4yr olds and older: A copy of Vision & Hearing Screening records

Parent/Guardian Signature

Date

\_\_\_\_\_