

**MAINE DEPARTMENT OF HUMAN SERVICES**

Child Care Licensing  
Unit 11 State House Station  
Augusta, Maine 04333

**NURSERY SCHOOL MEDICAL STATEMENT**

***TO THE EXAMINING PHYSICIAN:***

The person named below is to be working with young children in a nursery school. Current Maine statues make licensing of nursery schools mandatory. One of the requirements for a license as stated in the law is as follows:

“Each licensee, administrator or other staff member of the nursery school, who provides care for the children, shall be declared, annually, by a licensed physician to be free from communicable disease.”

Please examine and/or certify that the following individual is free from communicable disease. Thank you.

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**IDENTIFYING INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name and address of Nursery School  
**Portland Nursery School, St. Pius X Community Center**  
**492 Ocean Avenue, Portland ME 04103**

I certify that the individual above has been examined by me and is free from communicable disease.

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

