

## **EARLY CHILDHOOD EDUCATION**

## ECE STUDENT MEDICAL EXAMINATION PHYSICIAN'S REPORT ADMISSION TO EARLY CHILDHOOD EDUCATION PROGRAM

Student/Patient's Name:			
Date of Birth:			_
	Year	Month	Day
This report/examination is be field of EARLY CHILDHOOD ED Continuing Education (School	UCATION with	•	
The duties of this line of study Good physical and emotional	•		young children and adults.
Results of Examination/ Com	ments:		
Do you consider this person pl	hysically and e	emotional able to perfo	orm the duties of the above
positon? Yes ( )	No ( )		
Physician Stamp and Signatur	e REQUIRED:		
Physician Signature			Date

The completed form needs to be returned to: ECE Coordinator, Burnaby Community and Continuing Education, 5325 Kincaid Street, Burnaby, BC V5G 1W2