

ECE STUDENT MEDICAL/HEALTH DECLARATION
BCCE Early Childhood Education

FOR ADMISSION TO THE EARLY CHILDHOOD EDUCATION PROGRAM

Student's Name:

Date of Birth:

YEAR

MONTH

DAY

This declaration is being requested in connection to an application for training in the field of EARLY CHILDHOOD EDUCATION with the ECE Department of Burnaby Community and Continuing Education (School District 41).

The duties of this line of study include direct work with groups of young children and adults. Good physical and emotional stability is required. For purposes of field studies and practicums, many centers will also require a written medical examination physician's report (form available upon request). Proof of immunization and TB Test results may also be required.

Please inform us of any extra support needs:

I declare that I am physically and emotionally able to perform the duties required of working with groups of young children and adults.

Student's Signature:

Date: