



## Medical Report of Children

### Medical Report

**Name:**-----

**Data of Birth:**-----

**Name of Clinic:**-----

**History of Illness :**-----

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**Diagnosis:**-----

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**Recommendations :**-----

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**Doctor's Signature and stamp**

#### Important Notes:

1. It is important to save this report and hand it in to the center.
2. No kid will be accepted nor allowed to attend unless his/her medical report has been reviewed.
3. This medical report should be kept in the kid's file.

**Approved**