Paediatrician Health Certificate

Mosanté
lifetime care

(To be filled in by the Medical Practitioner)

NAME OF CHILD (IN FULL): _____

AGE/DATE OF BIRTH: _____

VACCINATION DONE: _____

DESCRIPTION OF ANY KNOWN OR VISIBLE PAST TREATMENT/CONGENITAL DEFECT(S):

_____

_____

_____

CLINICAL EXAMINATION AND FINDINGS:

CVS: _____

_____

RS: _____

_____

CNS: _____

_____

COMMENTS/OVERALL CHILD CONDITION:

_____

_____

_____

DATE: _____ DOCTOR'S NAME: _____

SIGNATURE: _____

Once completed, please send this form to:

Email: mosante@medschemeinternational.com