

**Statement of Health**

To be submitted as a part of adult learners enrollment to an IGS Program of Study.

**Institute for Guided Studies 12A Montessori Way Camden, SC 29020 Phone 803-425-6083 Fax 803-425-6073**

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employment: \_\_\_\_\_

Are you required by law to submit a health statement to your employer upon hire? Yes\_\_\_ No\_\_\_

**TO BE COMPLETED BY YOUR HEALTH CARE PROVIDER:**

The Institute for Guided Studies offers programs for adult learners working directly with children. The programs of study for the Montessori Classroom Director is an in-depth, comprehensive training requiring a minimum 270 classroom hours and a yearlong internship. The working environment of a Montessori classroom requires the adult to be in good physical, mental, and emotional health. Physical activities such as lifting young children, moving classroom furniture, sitting or kneeling on the floor is required.

Does this applicant have any physical, emotional, or mental conditions which would limit their work with children? If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Is this applicant currently under treatment for any specific condition? If yes, please describe:

\_\_\_\_\_

Is this applicant currently taking any medication that would affect their studies or their work with children? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

In your opinion, Is this applicant fully capable of participating in training and caring for children on a daily basis? \_\_\_\_\_

\_\_\_\_\_

Please Print name of Health Care Provider: \_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_

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