

Kids First
CHILD ADVOCACY CENTER
OF THE
NINTH JUDICIAL DISTRICT OF TN., INC.
P. O. BOX 928
LENOIR CITY, TN 37771

This certifies that I am the attending physician of

_____.

To the best of my knowledge, I find him/her free of communicable
diseases and physically able to participate as a volunteer at the
Child Advocacy Center.

Date _____

Signed _____

Phone _____