

PHYSICIAN'S CERTIFICATION OF MINOR'S AGE

I, _____, state that I am a licensed physician in good standing with the Iowa Board of Medical Examiners.

I certify that on _____ I physically examined _____.
Date Minor's Full Name

Based upon my physical examination and my professional training in human growth and development, I believe that this minor is _____ years old.

I understand that this form is used for child labor purposes.

I affirm that all statements on this document are true to the best of my knowledge.

Office Name

Address

City

State

Zip

Phone Number

Fax Number

Email

Printed Name of Examining Physician

Examining Physician's Signature

Subscribed and sworn to before the undersigned this _____ day of _____, 20 _____

STATE OF IOWA)

) ss:

COUNTY OF _____)

Notary Public in and for the State of Iowa