PHYSICIANS CERTIFICATE OF HEALTH

This is to certify that ____DOB___________

Was examined on ________________________Ht_________________Wt________________

Was found to be in good health, free from communicable disease and physically fit to participate in daycare, school and extracurricular activities EXCEPT those circled below.

Soccer, Basketball, Volleyball, Track, Cross Country

Restrictions: Yes:____________ No: _____________

Comments:

____

____

Date: ____________________

Provider Signature: ____

Place provider stamp below:

Gethsemane Lutheran School 10675 Washington St. Northglenn, CO 80233