



## CERTIFICATE OF GOOD HEALTH

This is to certify that my patient \_\_\_\_\_ is in good  
(Student's Full Name)

physical and mental health to participate in daily school activities, both in-school or online.  
Furthermore, said student has no known ailments that deter him/her/them from participating in strenuous activities in Physical Education.

This certification is being issued for daily in-school activities only which excludes participation to Varsity Activities or other physical competitions outside of the school.

Certified by:

\_\_\_\_\_  
Family Physician / Pediatrician  
(signature over printed name)

\_\_\_\_\_  
Date of Physical Examination

\_\_\_\_\_  
License No.



## NOTICE OF HEALTH CONDITION

Please be informed that my patient \_\_\_\_\_ was diagnosed  
(Student's Full Name)

with a physical/mental health condition identified as \_\_\_\_\_.

Nonetheless, he/she is allowed to participate in:

☐ Physical activities that are mild/regular/strenuous in nature and with frequency of at most \_\_\_\_\_ times per week.

☐ Daily in-person instructional activities that may include socialization, behavior conformity, and communication with technology.

Furthermore, said student is required to \_\_\_\_\_  
(indicate medication or care regimen)  
as a precautionary measure while in school.

Examined by:

\_\_\_\_\_  
Family Physician / Pediatrician  
(signature over printed name)

\_\_\_\_\_  
Date of Physical Examination

\_\_\_\_\_  
License No.

\_\_\_\_\_  
Mental Health Specialist  
(signature over printed name)

\_\_\_\_\_  
Date of Mental Health Examination

\_\_\_\_\_  
License No.