



CERTIFICATE OF GOOD HEALTH

This is to certify that _____ is in good physical and
(Student's Full Name)

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 _____ has a physical/
(Student's Full Name)

mental health condition identified as _____. He/She is allowed to participate in

_____ 3x per week school activities in-school

_____ daily activities online

_____ mild physical education activities

_____ strenuous physical education activities

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.