



CERTIFICATE OF GOOD HEALTH FOR VARSITY PLAYERS

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 from participating in strenuous activities in Physical Education as well as frequent rigorous physical activities as training for Interschool Sports Competitions.

Certified by:

Family Physician / Pediatrician
(signature over printed name)

Date of Physical Examination

License No.