

**PEARL HAVEN CHRISTIAN CENTER BOOT CAMP MEDICAL  
EXAMINATION FORM**

**CONDITIONS OF A RECURRENT NATURE**

Although the person may be generally in a good state of health at the time of examination, it would be appreciated if the practitioner could furnish details of any disease, condition or defect the person has and might occur.

I hereby certify that I have examined the following person and find him/her,

- a) Not mentally disordered or physically defective in any way
- b) Not suffering from Asthma, epilepsy or any infections or contagious condition
- c) Generally in good state of health.

Except for the following defects, details regarding the d/o, disease or disability, the seriousness thereof and the treatment, if any prescribed/recommended.

\_\_\_\_\_  
Signature of Medical Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Official Stamp