



## CERTIFICATE OF HEALTH

I am a medical doctor licensed to practice \_\_\_\_\_ medicine in California. I hereby certify that \_\_\_\_\_ (“Student”) was examined by me on \_\_\_\_\_, 20\_\_\_\_\_ and found to be in good health. I understand the Student seeks to participate in \_\_\_\_\_ (the “Sport”). Based on my medical examination of the Student and the Student’s medical history, there is no medical reason the Student cannot participate fully in the Sport.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name/Medical License #

\_\_\_\_\_  
Name of Medical Group/Practice Name

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_