



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: _____