



CUPEYVILLE SCHOOL

Licensed by: General Council of Education of Puerto Rico Accredited by: Middle States Association - C.A.D.I.E.

Account # _____

HEALTH CERTIFICATE

Pre Pre-Kinder to 12th grade

2018-2019

Grade _____

I have examined _____ and
certify that this student is physically qualified to participate in the
Physical Education class and any athletic activity including teams.

Physician's name: (print) _____

Address: _____

Telephone number: _____

Signature: _____

License No.: _____

Date: _____

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