



# 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 12<sup>th</sup> grade

2017-2018

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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