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<u>Certification for Sports Participation</u> <u>Year</u>

(To be completed by physician)

Student's Nar	ne		
Date			
The above nar	med child had a physical exam	nination on	
Findings were	within normal limits and he/s	she may participate in	Sport
	No restrictions.		
	Some restrictions;		
Physician's Signature		Date	
Family Practic	ce Address		