

Physical Examination Verification

Date: _____

To Whom It May Concern,

I hereby certify that I have conducted a physical examination on:

Student's Name: _____

Date of Birth: _____

Grade: _____

The physical examination was conducted on _____.

The student was found to be in good health and is fit to participate in school activities.

If you have any questions or require further information, please feel free to contact me at:

Doctor's Name: _____

Contact Number: _____

Clinic Address: _____

Sincerely,

Signature of the Physician