



CHRISTIAN NAZARENE ACADEMY

Licensed by: General Council of Education of Puerto Rico

Accredited by: Middle States Association – CADIE

HEALTH CERTIFICATE

PK to 12th grade

2024-2025

I have examined _____,
and certify that this student is physically qualified to participate
in the Physical Education Class and if it applies, on Varsity
Teams and other physical activities.

Physician's name: (print) _____

Address: _____

Telephone number: _____
LEVITTOWN P.R.

Signature: _____

License No.: _____

Date: _____