**CHRISTIAN NAZARENE ACADEMY**
Licensed by: General Council of Education of Puerto Rico

Accredited by: Middle States Association – CADIE

# HEALTH CERTIFICATE

PK to 12th grade

2026-2027

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: _____

Signature:_____

License No.:_____

Date: _____

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