

**Roland-Story Community School District
Statement of Health**

This is to certify that _____
(Examinee)

was medically examined by me on _____
(Date)

The past medical history and the results of this examination and tests have been recorded on file in my office.

From the history and examination, I consider the examinee to be free from communicable disease or any physical or mental condition which might endanger the health of students or personnel in the school.

Summary and recommendations: _____

What, if any, limitation of physical activity has been advised? _____

(Physician's Name)

(Physician's Signature)

(Date)

(Address)

(Phone Number)