

APPLEBY COLLEGE

Student Health Certificate 2018-2019

To be signed by student's physician and returned **NO LATER THAN JUNE 1, 2018.**

I, _____ have examined _____
Name of physician Name of Appleby College student

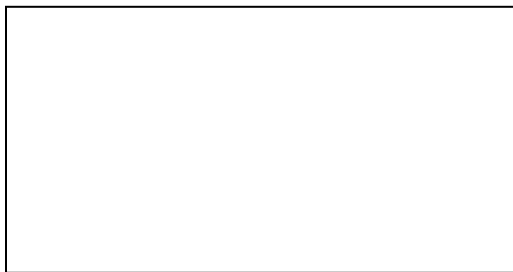
and find him/her to be in good physical and mental health, and able to participate fully in all activities at Appleby College.

Exception / Restrictions (please specify):

Name of Family Physician (please print)

Signature of Family Physician

Date



Physician's Stamp

FASCINATING MINDS



SINCE 1911