

LAKE WALES CHARTER SCHOOLS, INC.
151 Central Avenue East
Lake Wales, FL 33859
(863) 679-6560 Fax (863) 679-6565
www.lwcharterschools.com

Health Certificate

PLEASE PRINT YOUR FULL NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD

Full Legal Name _____
Last First Middle
Social Security Number ____ / ____ / ____
Home Address _____
Home Phone _____ Work Phone _____

THIS HEALTH EXAMINATION MUST HAVE BEEN COMPLETED WITHIN THE LAST YEAR

This is to certify that on the date indicated, I, a licensed medical physician, examined the individual below

Patient's Full Legal Name

and found him/her to be free from any active communicable or mental diseases and from any physical illness which would impair or prevent the performance of duties, functions, or responsibilities in his/her position.

Physician signature (rubber stamp is not acceptable)

Date of physical examination

Name of physician (please print)

Address/City/State/Zip Code

