



GEORGE E. PETERS

ADVENTIST SCHOOL

The Christian School that Makes a Difference

6303 Riggs Road Hyattsville, MD 20783

TEL: 301-559-6710

FAX: 301-559-6444

WEB: www.gepeters.org

Medical Examination Certificate

To be completed by your family care practitioner/physician.

STUDENT INFORMATION: (Please type or use blue or black ink)

Last Name		First Name		Middle Name	
U.S. Social Security Number		Birth Date (M/D/Y)	Place of Birth		Country of Citizenship
Current Address			City	State	Zip Code

MEDICAL FINDINGS:

This is to certify that above mentioned individual has had a complete history and physical examination at our office including tuberculin testing, appropriate laboratory examinations and test of vision and hearing. With such results indicated below as follows:

1. Date of most recent tuberculin test: _____ Result: Positive Negative

2. shots and/or boosters current? Yes No

3. The student examined has the following which adversely affect his/ her educational experience:

Visual Problem
 Hearing Problem
 Speech/Language Problem
 Mental
 Emotional
 Behavior Problem
 Physical Illness or Impairment
 Other:

Comments and/or Recommendations:

4. The student has the following health conditions(s) which may require emergency action while he/she is at school.

Please specify, example: seizure, bee sting allergy, severe asthma, diabetes, etc.

Comments and/or Recommendations:

5. The student is on long-term medication. Please specify:

CONTACT INFORMATION AND SIGNATURE:

Except as noted above, the student is otherwise in good physical and mental health, is free of communicable disease and has no problems that may interfere with his/her learning.

Practitioner/Physician's		Office		Telephone	
Current Address/P. O. Box		City		State	Zip Code
Signature				Date	