



*You must complete and submit this page with the prior page for each minor.*

Name of minor: \_\_\_\_\_

**Physician's Certificate of Health<sup>2</sup>**

I hereby certify that I have made a thorough physical examination of the following named minor:

\_\_\_\_\_

and that, in my opinion, said minor is in sufficiently sound health and physically able to perform the work indicated above.

\_\_\_\_\_  
Signature of Physician/Nurse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of practice or school (if signed by school health provider)

**Parent, guardian, or custodian to sign below.**

I hereby approve the issuance of a permit for the work indicated above.

\_\_\_\_\_  
Name of Parent, Guardian, or Custodian

\_\_\_\_\_  
Signature of Parent, Guardian, or Custodian

\_\_\_\_\_  
Date

<sup>2</sup> Physician's Certification can be signed by a school health provider/nurse at the minor's school.