

Mt. Franklin Christian Academy  
201 E. Sunset Rd. El Paso, TX 79922  
(915) 581-4487

---

Medical Statement to be Completed by Physician

---

Student Name: \_\_\_\_\_

Date of examination: \_\_\_\_\_

\_\_\_\_\_ has been examined by me  
and found free of infectious disease and is physically and mentally able to  
participate in group activities.

Any allergies, special recommendations or restrictions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Clinic: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic Phone Number: \_\_\_\_\_