



YARMOUTH SCHOOL DEPARTMENT

"Empowering students"

*Andrew R. Dolloff, Ph.D.
Superintendent of Schools*

*Jodi McGuire
Director of Instructional Support*

*Herbert Hopkins
Director of Business Services*

To Whom It May Concern,

Student: _____, date of birth: _____ has been seen for a physical exam on _____ and is cleared to: (please check one)

_____ Participate in athletics/exercise program(s) with no restrictions.

_____ Participate with the following restrictions:

Provider's signature

Date



