



YARMOUTH
SCHOOL DEPARTMENT

"Expmoering all students"

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

Shanna H. Crofton
Director of Teaching and Learning

Jodi L. McGuire
Director of Instructional Support

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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

