



**GENTRY'S EDUCATIONAL FOUNDATION
DOCTOR'S CERTIFICATE OF GOOD HEALTH**

Patient Name:

Patient Address:

1. This patient is presently in good physical and mental health.
2. This patient is, to the best of my knowledge, able to perform all the necessary duties of a tutor in a before or after school program.

Date: _____ Physician Signature: _____

Name of Physician: _____

Address of Physician: _____

Phone Number: _____