

# Health-Care Professional's Statement

Please fill in the following information:

## Physician's Release

\_\_\_\_\_ has been examined by me within the past year, and I find him/her to be in good physical health and able to participate in all activities of the Creekside Church of Christ.

(Restrictions, if any)

\_\_\_\_\_  
Health Care Professional's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone