

Glendale Union High School District Health Careers Education Program
MVHS 3625 W. Cactus Road Phoenix, AZ 85029

www.hceguhsd.org
623-915-8048

Health Careers Education Medical Clearance Form

The following student _____ has been examined by _____ me on the following date of _____ and is found to be in good physical condition, free of communicable diseases, and is physically able to participate in the Glendale Union High School District, Health Careers Education Program.

Restrictions (visual, audible, sensory, or motor functions):

Medications (if any):

Print Physician's Name

Signature of Physician

Practice Name: _____

Address: _____

Phone Number: _____