



HEALTH CERTIFICATION DOCUMENT

To be completed by GCE TEAM MEMBERS AND TEAM LEADER

- 1) Completion of this form is **mandatory** as stated in the GCE Participation Agreement.
- 2) Medical Certification **MUST** be submitted to the District GSE Chair prior to the purchase of airline tickets.

Date: _____

I have this day examined _____
NAME (PLEASE PRINT)

and have found him/her to be in good health and enjoying full working capacity.

I believe he/she is physically and mentally able to fully participate in an intensive program of study and travel away from home.

NAME OF EXAMINING PHYSICIAN (PLEASE PRINT)

PRACTICING REGISTRATION NUMBER

SIGNATURE OF EXAMINING PHYSICIAN

ADDRESS, CITY, STATE, POSTCODE