
Student ID Number

Phone Number

International Medical Fitness Certificate

Undergraduate studies at the American University of Armenia require participation in physical education courses. These courses may include yoga, dance, fitness, swimming, football (soccer), basketball, volleyball, or the like as offered by the University and typically chosen by the student.

I _____ (First Name, Last Name of Medical Professional) certify that I have carefully examined _____ (First Name, Last Name, DOB of student) on _____ (MM/DD/YYYY).

The student is undergoing treatment at this time for the following condition(s):

Do you feel that this individual will require limitations or restrictions in the regular physical education activity of the university?

Yes: _____

No: _____

_____ [Please check here.] Based on my medical examination, I certify that the student noted above is in a good mental and physical health and is free from any irregularity which may interfere with his/her studies or regular physical activity including participation in physical education classes.

Name of Medical Professional: _____

Signature: _____

Date of Signature: _____