



Certificado Médico

Nombre del Estudiante/Student's Name: _____

Grado/Grade: _____ Género/Gender: F M Edad/Age: _____

Peso Actual/ Actual Weight: ____ Estatura Actual / Actual Height: _____

1. ¿Tiene el alumno alguna condición que limite su: Does the student have any condition that limits: Actividad en el salón de clase? / Classroom activities? Sí/Yes () No () Educación Física? / Physical Education? Sí/Yes () No ()

2. ¿Tiene alguna condición de visión, audición o habla? / Is there any vision, hearing or speech deficit? Sí/Yes () No () Si contesta Sí, describa / If your answer is Yes, describe: _____

3. ¿Actualmente, el niño está bajo medicamento? / The child is taking medicine presently? Si/Yes: () No: () Especifique / Specify: _____ ¿Cuáles son los efectos secundarios de este/estos medicamentos? / What are the side effects of these medications? _____

4. ¿Padece el niño algún tipo de alergia? / Does the child suffer from any type of allergy? Please Specify _____

5. ¿Tiene el alumno sus vacunas al día? / Are the child's immunizations up to date? Sí/Yes () No () Si contesta Sí, describa / If your answer is Yes, describe: _____

6. Comentarios adicionales / Additional comments: _____

El que suscribe certifica que está debidamente autorizado a ejercer la profesión médica en Puerto Rico, lo hace constar que ha examinado al estudiante arriba mencionado y certifica que dicho estudiante está ____ no está ____ física y mentalmente en buen estado de salud. / The undersigned certifies that you are duly authorized to practice medicine in Puerto Rico, which certifies that the student has reviewed the above and certifies that the student is ____ is not ____ mentally and physically in good health .

Nombre del Doctor / Doctor's Name: _____ Fecha / Date: ____/____/____

Firma del Doctor / Doctor's Signature: _____

Núm. Licencia / License Number: _____ Tel.: _____

Vision: W.A.L.K.S./ W.E.B.S.will provide a challenging and innovative bilingual educational program through a devoted and well supported faculty and staff for students who believe in responsible leadership, who have the desire to learn critically, with up-to-date technology resources, a serious and conscientious green-school community and the fundamental compromise to live with values.

Mission: W.A.L.K.S. / W.E.B.S. is an independent, non-profit, non-sectarian college preparatory, bilingual school whose mission is to provide a challenging curriculum in a safe, supportive environment, promoting students to be thoughtful learners, self-disciplined, compassionate, and aware citizens in a global technological and diverse world.

Note: W.A.L.K.S. / W.E.B.S. shall not discriminate on the basis of race, religion, national origin, gender or age in either the hiring or other employment practices of the school or in its admission policies for students.