

JOFFREY BALLET SCHOOL

FOUNDED BY ROBERT JOFFREY IN 1953

Medical Clearance Confirmation

Date: _____

Patient Name: _____

Patient Date of Birth: _____

The patient listed above is healthy and cleared to participate in the Joffrey Ballet School Summer Intensive. After a full medical exam, I see no medical restrictions preventing them from fully participating.

Physician Signature: _____

Physician Name: _____

Contact Phone: _____

Address: _____
