



# LANDMARK

BAPTIST COLLEGE

CELEBRATING

40

YEARS

APPLICATION  
FOR ADMISSION





Admissions Department  
810 East Hinson Avenue  
Haines City, FL 33844  
863-422-6493  
landmarkbaptistcollege.com

## APPLICATION INSTRUCTIONS

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### 1) APPLICATION FOR ADMISSION

Complete the **Application for Admission** and attach a recent photograph of yourself. Complete the **Student Questionnaire**. Send the completed application, student questionnaire and **\$50.00** non-refundable application fee (check or money order payable to *Landmark Baptist College*) to:

Admissions Department  
Landmark Baptist College  
810 East Hinson Avenue  
Haines City, FL 33844

### 2) PASTORAL RECOMMENDATION

Complete the first section of the **Pastoral Recommendation** form and give to your pastor. The recommendation form should not be given to a relative. If the applicant's father is the current pastor, please give the form to another minister or officer in the church. The form should be completed by your pastor and mailed directly to Landmark Baptist College. The Application for Admission will not be processed until all recommendation forms are received.

### 3) GENERAL RECOMMENDATIONS

Complete the first section of the two **General Recommendation** forms and give to two adults whom you know well. These forms should not be given to relatives. It is recommended that one be given to a high school administrator or employer and the other to a deacon, businessman, or friend. Each form should be completed and mailed directly to Landmark Baptist College. The Application for Admission will not be processed until all recommendation forms are received.

### 4) TRANSCRIPT REQUEST

*High School Level* – Complete and sign the **Transcript Request** form and send it to the high school from which you graduated. If you have not yet graduated, request your high school to send a transcript of course work completed to date. If you have received a Graduation Equivalency Diploma (GED), please have the official record sent from the testing center to Landmark Baptist College.

*College Level* - If you have completed more than 25 credits at the college level, your high school transcript is not required; however, your college transcript is required for admission. Please complete and sign the **Transcript Request** form and send a copy to your former college(s). If a student wishes to transfer credits from any previous college(s), an official transcript is required.

### 5) STUDENT HEALTH FORM

If you are applying as an on-campus student, complete the front of the **Student Health Form**. The back of the form is to be completed by a health care professional. The completed form should be mailed directly to Landmark Baptist College.



# APPLICATION FOR ADMISSION

Please Attach Current Photo Here	OFFICE USE ONLY		
	PAID	DATE	INITIALS

## ENROLLMENT INFORMATION

Enrollment Date:     Spring Semester     Fall Semester     Summer Session    Year 20 \_\_\_\_\_  
 Enrolling as:         New Student          Transfer Student       Former LBC Student  
 Method of Study:     On-Campus           Directed Studies  
 Program of Study:    (Example: *BA in Bible – Pastoral*) \_\_\_\_\_  Undecided  
*Please refer to the current LBC Catalog or landmarkbaptistcollege.com for a list of programs offered*

**HOUSING INFORMATION:**     On-Campus – Single *(Required for single students under 25 not living with parents)*     Off-Campus  
     On-Campus – Married/Family *(Married housing available on first-come first-serve basis)*

## PERSONAL INFORMATION

Legal Name:    Mr. Mrs. Miss \_\_\_\_\_  Male  Female  
    Last Name (Family Name)                      First Name                      Middle (Maiden)

Mailing Address: \_\_\_\_\_

City                                      State                                      Zip Code                                      Country  
 Home Phone:    (\_\_\_\_) \_\_\_\_\_    Cell Phone:    (\_\_\_\_) \_\_\_\_\_    E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_    Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Citizenship:     United States     Other – *If other, please use the “International Student – Application for Admission”*

Marital Status:    *(Categories marked with an asterisk “\*”, please explain on a separate sheet)*  
 Single     Engaged     Married     Separated\*     Remarried\*     Divorced\*

Name of Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Names of Children: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*(Use separate sheet if needed)*

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

## PARENTAL INFORMATION

Father's Name: \_\_\_\_\_  
(Please indicate “Deceased” if not living)

Address: \_\_\_\_\_

City                                      State                                      Zip Code                                      Phone Number: (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
(Please indicate “Deceased” if not living)

Address: \_\_\_\_\_

City                                      State                                      Zip Code                                      Phone Number: (\_\_\_\_) \_\_\_\_\_

Are your parents divorced?     Yes     No    If “Yes”, with whom do you live? \_\_\_\_\_

Do your parents agree with you attending LBC?     Yes     No – *If “No”, please explain on an additional sheet*

**MILITARY INFORMATION** — VA Benefits are available for On-Campus Students only

Have you served in the Armed Forces?  Yes  No Branch of Service: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**ACADEMIC INFORMATION**

High School: \_\_\_\_\_ Dates Attended: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Address City State Diploma Awarded:  H.S.  GED

Please list all schools you have attended since high school – Please use an additional sheet if necessary:

\_\_\_\_\_  
Name of School Dates Attended: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
\_\_\_\_\_  
Address City State Degree Awarded: \_\_\_\_\_  
\_\_\_\_\_  
Name of School Dates Attended: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
\_\_\_\_\_  
Address City State Degree Awarded: \_\_\_\_\_

**BACKGROUND INFORMATION**

If you answer “Yes” to any of the first 6 questions, please explain on a separate sheet

- Yes  No Have you ever been dismissed from an academic institution or placed on academic/disciplinary probation?
- Yes  No Do you have any physical problems which might require special consideration?
- Yes  No Have you used alcohol, tobacco, or recreational drugs in the past 12 months?
- Yes  No Have you ever been convicted of a felony or misdemeanor?
- Yes  No Have you ever received professional counseling for mental or emotional difficulties?
- Yes  No Do you have any indebtedness to any college or university?
- Yes  No Are you saved?

**REFERENCES**

Please list the individuals you will be giving the enclosed LBC recommendation forms to. Relatives may not be used as a reference. **Your application will not be processed until all recommendation forms are received.**

Name of Current Pastor	Address	City	State	Telephone
Name of Employer or High school Administrator	Address	City	State	Telephone
Name of Deacon, Businessman or Friend	Address	City	State	Telephone

**STUDENT AGREEMENT – Must be signed**

*Landmark Baptist College is a Baptist college. All students should understand that Baptist doctrine, Baptist distinctives, and Baptist polity will be taught. Students who cannot accept this have no place at Landmark Baptist College. LBC admits male and female students of any race, color, and national or ethnic origin to all the privileges, programs, and activities generally accorded or made available to students at the college. The pastoral program is limited to men because of the Biblical qualifications of the pastor. Students must be born again Christians. Students are expected to read the Bible and pray daily, win souls, tithe to their local church, and participate in their church missions program. Haines City Campus students who do not come from a church within driving distance of Haines City are expected to become active members of the Landmark Baptist Church. Haines City Campus students are required to participate in the annual Soul Winning Marathon. Students must cheerfully abide by the separated, disciplined lifestyle of Landmark Baptist College. Upon acceptance, students and the immediate family of students must adhere to the dress code of Landmark Baptist College. Students should understand that attendance at LBC is a privilege and not a right. Students who do not conform to the standards and regulations of LBC may forfeit that privilege. LBC reserves the right to terminate the attendance of a student, if, in the opinion of the administration, the student does not conform to the specific rules and regulations of LBC. The King James Bible will be the basis for all classroom teaching, chapel messages, and student assignments at LBC. Students who cannot accept this have no place at Landmark Baptist College.*

Photo Release Agreement – I hereby grant permission to Landmark Baptist College the right to use, publish, display, and or reproduce any video/ recorded voice/ photographs for promotional publication, alumni publication, and/or on the Landmark Baptist College Web site. I also understand that Landmark Baptist College will own the video/ recorded voice/ photographs and all rights to them.

**I have read the above statement and agree to cooperate cheerfully with the standards and guidelines of Landmark Baptist College.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature (Required if applicant is under 19 years old) \_\_\_\_\_ Date \_\_\_\_\_



Admissions Department  
810 East Hinson Avenue  
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## STUDENT QUESTIONNAIRE

*This form must be completed and mailed with the Application for Admission. Application will not be processed without completed form.*

### SPIRITUAL INFORMATION

Have you trusted Jesus Christ as your personal Savior?  Yes  No  Not Sure

If you answered Yes to the previous question, when did you? (*Date or Approx.*): \_\_\_\_\_

Briefly describe your salvation experience:

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### CHURCH INFORMATION

Do you attend church regularly?  Yes  No Are you member of a church?  Yes  No

Is the church you attend an independent, fundamental Baptist church?  Yes  No

If the answer to the previous question is "No", please indicate the church Denomination: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Church Address: \_\_\_\_\_

City

State

Zip Code

Pastor's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

### GENERAL INFORMATION

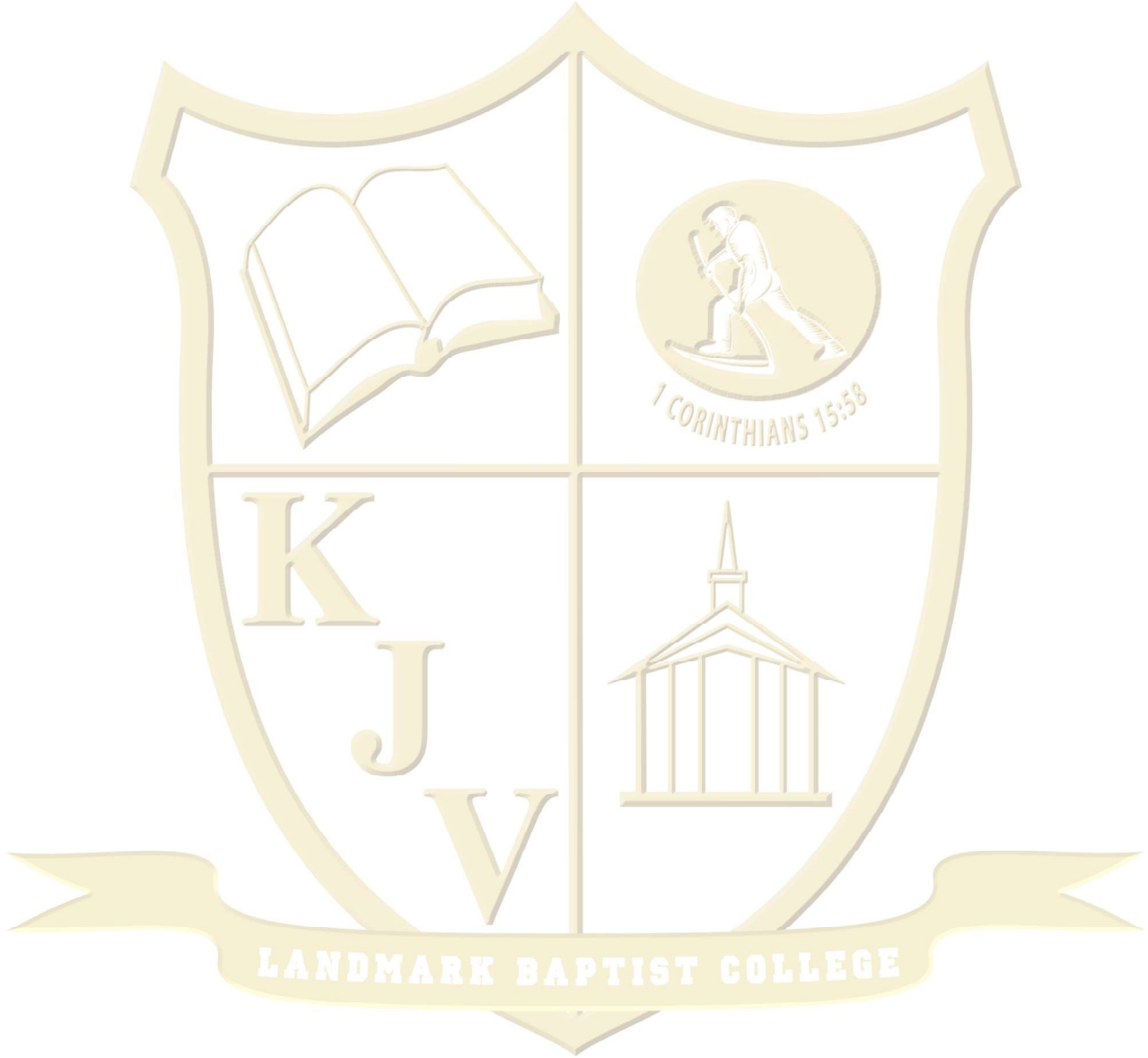
How did you hear about Landmark Baptist College? \_\_\_\_\_

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Why are you considering Landmark Baptist College as the place to acquire training for the Lord's work?

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## PASTORAL RECOMMENDATION

### INSTRUCTIONS

Applicant should complete the first section of this recommendation form. This form should not be given to a relative. If the applicant's father is the current pastor, please give the form to another minister or officer in the church. The application will not be processed until all recommendation forms have been received.

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

CityStateZip Code

I am authorizing the release of the following information to be considered in my application for admission to Landmark Baptist College and understand that the information will be held in confidence by the college and will not be released to me or anyone else. **I understand that this questionnaire will be mailed to Landmark Baptist College by the person completing the information below.**

\_\_\_\_\_  
 Applicant's Email Address

\_\_\_\_\_  
 Signature of Applicant

### REFERENT

The information that you provide will be held in strict confidence by the college and will not be made available to the applicant. Please answer all questions to the best of your knowledge. Please complete both sides of this form and send to the LBC Admissions Department at your earliest convenience. Thank you for your assistance.

Your Name: \_\_\_\_\_

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

\_\_\_\_\_

CityStateZip Code

Phone Number: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

What is your relation to the applicant? \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Please rate the applicant on the following characteristics to help us get to know the applicant. Circle the number that you think most describes the applicant. If you do not know the answer to a particular category, please leave the category blank.

*Scale: 5 – Superior 4 – Very Good 3 – Average 2 – Below Average 1 – Poor*

Christian/Moral Character	5	4	3	2	1	Faithful to Church	5	4	3	2	1
General Intelligence	5	4	3	2	1	Desires Spiritual Growth	5	4	3	2	1
Dependable	5	4	3	2	1	Values Spiritual Things	5	4	3	2	1
Works Well with Others	5	4	3	2	1	Respects Authority	5	4	3	2	1

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Have you made any particular observations, positive or negative, regarding the applicant's church, home, social, and/or business life? Please explain.

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To your knowledge, has this person ever been married before?     Yes     No

Do you know of any reason why this person would not be suitable to attend Landmark Baptist College?     Yes     No

If Yes, please explain. \_\_\_\_\_

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To what extent do you consider the applicant to be a dedicated Christian? \_\_\_\_\_

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List any outstanding traits or extremes of the applicant: such as boldness, shyness, intelligence, etc.:

\_\_\_\_\_

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Would you recommend this person as a student to train for the Lord's work?     Yes     No

If No, please explain. \_\_\_\_\_

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*Any additional information about the applicant you may have would be appreciated and may be attached to this form.*

**Please mail completed form to:**      Admissions Department  
Landmark Baptist College  
810 East Hinson Avenue  
Haines City, FL 33844

*Application cannot be processed until all reference forms have been received.*







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## GENERAL RECOMMENDATION

### INSTRUCTIONS

Applicant should complete the first section of this recommendation form. This form should not be given to a relative. It is recommended that one student recommendation be given to a high school administrator or employer and the other to a deacon, businessman, or friend. The application will not be processed until all recommendation forms have been received.

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

CityStateZip Code

I am authorizing the release of the following information to be considered in my application for admission to Landmark Baptist College and understand that the information will be held in confidence by the college and will not be released to me or anyone else. **I understand that this questionnaire will be mailed to Landmark Baptist College by the person completing the information below.**

\_\_\_\_\_  
 Applicant's Email Address

\_\_\_\_\_  
 Signature of Applicant

### REFERENT

The information that you provide will be held in strict confidence by the college and will not be made available to the applicant. Please answer all questions to the best of your knowledge. Please complete both sides of this form and send to the LBC Admissions Department at your earliest convenience. Thank you for your assistance.

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

CityStateZip Code

Phone Number: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

What is your relation to the applicant? \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Please rate the applicant on the following characteristics to help us get to know the applicant. Circle the number that you think most describes the applicant. If you do not know the answer to a particular category, please leave the category blank.

*Scale: 5 – Superior 4 – Very Good 3 – Average 2 – Below Average 1 – Poor*

Christian/Moral Character	5	4	3	2	1	Faithful to Church	5	4	3	2	1
General Intelligence	5	4	3	2	1	Desires Spiritual Growth	5	4	3	2	1
Dependable	5	4	3	2	1	Values Spiritual Things	5	4	3	2	1
Works Well with Others	5	4	3	2	1	Respects Authority	5	4	3	2	1

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Have you made any particular observations, positive or negative, regarding the applicant's church, home, social, and/or business life? Please explain.

\_\_\_\_\_

\_\_\_\_\_

To your knowledge, has this person ever been married before?     Yes     No

Do you know of any reason why this person would not be suitable to attend Landmark Baptist College?     Yes     No

If Yes, please explain. \_\_\_\_\_

\_\_\_\_\_

To what extent do you consider the applicant to be a dedicated Christian? \_\_\_\_\_

\_\_\_\_\_

List any outstanding traits or extremes of the applicant: such as boldness, shyness, intelligence, etc.:

\_\_\_\_\_

\_\_\_\_\_

Would you recommend this person as a student to train for the Lord's work?     Yes     No

If No, please explain. \_\_\_\_\_

\_\_\_\_\_

*Any additional information that you may have would be appreciated and may be attached to this form.*

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### INSTRUCTIONS

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### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip Code

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\_\_\_\_\_  
 Applicant's Email Address

\_\_\_\_\_  
 Signature of Applicant

### REFERENT

The information that you provide will be held in strict confidence by the college and will not be made available to the applicant. Please answer all questions to the best of your knowledge. Please complete both sides of this form and send to the LBC Admissions Department at your earliest convenience. Thank you for your assistance.

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip Code

Phone Number: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

What is your relation to the applicant? \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Please rate the applicant on the following characteristics to help us get to know the applicant. Circle the number that you think most describes the applicant. If you do not know the answer to a particular category, please leave the category blank.

*Scale: 5 – Superior 4 – Very Good 3 – Average 2 – Below Average 1 – Poor*

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Works Well with Others	5	4	3	2	1	Respects Authority	5	4	3	2	1

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Have you made any particular observations, positive or negative, regarding the applicant's church, home, social, and/or business life? Please explain.

---

---

To your knowledge, has this person ever been married before?     Yes     No

Do you know of any reason why this person would not be suitable to attend Landmark Baptist College?     Yes     No

If Yes, please explain. \_\_\_\_\_

---

To what extent do you consider the applicant to be a dedicated Christian? \_\_\_\_\_

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List any outstanding traits or extremes of the applicant: such as boldness, shyness, intelligence, etc.:

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---

Would you recommend this person as a student to train for the Lord's work?     Yes     No

If No, please explain. \_\_\_\_\_

---

*Any additional information that you may have would be appreciated and may be attached to this form.*

**Please mail completed form to:**      Admissions Department  
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## TRANSCRIPT REQUEST FORM

Please complete the information below and submit the form to your high school or college to request your transcript.

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_  
Last (Family) First Middle (Maiden)

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

### HIGH SCHOOL/COLLEGE

High School/College Name: \_\_\_\_\_

Last Term Attended (Year) : \_\_\_\_\_

Graduation Date (Month/Year): \_\_\_\_/\_\_\_\_

#### *To the Registrar or Principal:*

I have applied to Landmark Baptist College for the  Fall  Spring of \_\_\_\_\_  
Year

Please send an official copy of my  College Transcript  High School Transcript  
to:

**Admissions Department  
Landmark Baptist College  
810 East Hinson Avenue  
Haines City, FL 33844**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student signature required by Public Law 93-380)





## STUDENT HEALTH FORM

### INSTRUCTIONS TO APPLICANT

1. Complete Section A.
2. Give this Health Form to your physician with a stamped envelope addressed to:  
Admissions Department, Landmark Baptist College, 810 East Hinson Avenue, Haines City, FL 33844

***IT IS REQUIRED THAT ALL STUDENTS ATTENDING THE HAINES CITY CAMPUS HAVE A HEALTH FORM ON FILE***

Section A: To Be Completed By Applicant		
Name:	DOB:	SEX : <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		SS#:       -       -
City:	State:	Country:
Telephone: (     )	<b>Emergency Notification:</b>	
<b>Medical Insurance</b>	Name:	
Company:	Home Phone: (     )	
Address:	Work Phone: (     )	
Policy #	Personal Physician:	
Phone: (     )	Phone: (     )	
If you are <u>under 18 years of age</u> , have a parent or guardian sign below.		
<p>“In the event of an emergency, I give permission for my son/daughter to receive any necessary medical treatment and accept responsibility for any financial debt accrued. I further give permission for the medical staff to discuss any medical condition or treatment with Landmark Baptist College staff. All information on this form is true and correct to the best of my knowledge”</p>		
Date: _____ Signature of parent or guardian: _____		
If you are <u>18 years of age or older</u> , please sign below.		
<p>“In the event of an emergency, I give permission to receive any necessary medical treatment and accept responsibility for any financial debt accrued. I further give permission for the medical staff to discuss any medical condition or treatment with Landmark Baptist College staff. All information on this form is true and correct to the best of my knowledge”</p>		
Date: _____ Signature of student: _____		

### Medical History

Check any of the following which you have had or presently have. Give dates and any appropriate details.

- |                                    |  |                                       |                                       |
|------------------------------------|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> AIDS      | <input type="checkbox"/> Drug Addiction      | <input type="checkbox"/> Headaches    | <input type="checkbox"/> Rheumatism   |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Drug Allergies      | <input type="checkbox"/> HIV          | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Asthma    | <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Typhoid      |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Emotional Disorders | <input type="checkbox"/> Malaria      | <input type="checkbox"/> Other: _____ |

Do you have any other physical or emotional conditions that require a physician's attention?  Yes  No  
Please explain on a separate piece of paper.

### Section B: To Be Completed By Physician

- Rheumatic Fever?       Diabetes?       Emotional or Nervous Disorders?

Residuals of past diseases, injuries, or operations? \_\_\_\_\_

Familial Diseases? \_\_\_\_\_

Examination: (General Appearance)

Vision? \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_

Uncorrected:

Corrected: R \_\_\_\_\_ L \_\_\_\_\_

Auditory Acuity? \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_

Nose? \_\_\_\_\_ Throat? \_\_\_\_\_ Teeth? \_\_\_\_\_ Tonsils? \_\_\_\_\_

Chest and Lungs: *(A current report of chest x-ray or tuberculin skin test is required)*

X-ray/TB/PPD:Date: \_\_\_\_\_ Results: \_\_\_\_\_

Cardiovascular: Pulse \_\_\_\_\_ Rhythm: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Murmurs: \_\_\_\_\_

Abdomen and genitalia:Hernia? \_\_\_\_\_ Other? \_\_\_\_\_

Nervous system and reflexes: \_\_\_\_\_

Routine urinalysis? \_\_\_\_\_

Immunizations: Are immunizations up to date?  Yes  No

Any known allergies to medications, food, etc? \_\_\_\_\_

Is this student presently taking any medications routinely? (specify drug, dosage, and why medication is being taken): \_\_\_\_\_

How long have you known/treated this student? \_\_\_\_\_

Summary of general condition: (Please include limitations on physical activities and reasons for such):

Doctor's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_