

THE AILEY SCHOOL

OFFICIAL SCHOOL OF ALVIN AILEY AMERICAN DANCE THEATER

CONFIRMATION OF MEDICAL VISIT

This is to confirm that _____, was examined by a health care
Student name

practitioner at our office on _____.
Date of visit

It has been recommended that he/she refrain from attending dance classes from

_____ to _____.
Start Date *End Date*

Name of examining physician/health care practitioner

Signature, official stamp, and license # of examining physician/health care practitioner

Date Signed: _____

Name, address, phone number of Medical Facility/Hospital, Health Center, Physician's office, or Physical Therapist:

