



Physician's Statement of Health

PHYSICIAN'S STATEMENT OF HEALTH

All students from infants through 2 years old must have this completed form on file.

To the Physician: Please complete and return the following statement to St. Mark Lutheran School. The statement may be returned by the parents, mailed or faxed.

Student Name _____ Grade Entering _____

Address _____

City _____ State _____ Zip _____

Birth date _____ Last physical exam date _____
(must be within one year of starting date)

Does the student have any chronic conditions? Yes No

If yes, please explain _____

Does the student require any special care for special conditions such as allergy, special diet, restriction on physical activity, specified medications, etc.? Yes No

If yes, please explain _____

Is the student free of infection and contagious disease? Yes No

If no, please explain _____

Printed name of physician

Physician's signature

Physician's phone number

Date

Address

City

State

Zip

