



# 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. This form may be returned by the parents, mailed or emailed to nurse@stmarkhouston.org.

Student Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

Address \_\_\_\_\_

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

Birth date \_\_\_\_\_ Last physical exam date \_\_\_\_\_  
(must be within one year of start 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