

School Age Health Statement

_____ is free of communicable disease and is current with his/her physical.

Allergies: _____

Medications: _____

Acute or chronic conditions: _____

_____ immunizations information is available in the school file.

Signature: _____ Date: _____

Annual Updated Date: _____ Initials: _____

Annual Updated Date: _____ Initials: _____

Annual Updated Date: _____ Initials: _____

Annual Updated Date: _____ Initials: _____

Annual Updated Date: _____ Initials: _____

Annual Updated Date: _____ Initials: _____

