



Student Medical Statement

Name of Student: _____

Date of Birth: _____ Height: _____ Weight: _____

Limitations or health condition (including allergies, medications, dietary restrictions):

Immunizations – check which applies

- Complete for Age
- In Process
- Exempt from Immunizations

Reason for Exemption: _____

This child has been examined and is in suitable condition to participate in group care and age-appropriate school activities.

Signature of Examiner: _____ Date: _____

Name of Examiner (please print): _____

Address: _____

Phone Number: _____

Note: The examiner must be a Physician, Physician's Assistant, or an Advanced Practice Nurse.