



Immanuel Christian School Physical and Immunization Form

Student Name: _____ Birth date: _____

*This document **must be completed by a qualified physician** and returned to the school office.*

Part I - Physician's Data (please initial the appropriate lines to verify)

Initials

_____ I hereby certify that the student named above is free of contagious or infectious disease and that he/she is able to participate in normal school activities.

_____ I hereby certify that the student named above is physically able to participate in the school's physical education and/or sports program.

Please list any permanent restrictions or modifications to the above statements:

_____ I hereby certify that the above named student is unable to participate in the school's regular physical education program and sports program.

Please list any medications prescribed on a regular basis that will need to be administered while the student is in school:

Physician Comments: _____

Part II - Immunization Record

_____ Please attach a copy of the student's immunization record.

Physician Name (print): _____ Phone: _____

Physician signature: _____ Date: _____