

Medical Report Form

St. George's Episcopal School
4301 N. IH 35
Austin, Texas 78722
512-452-6063

Child's Name _____ Sex _____ Birthdate ____/____/____

Address _____ Home Phone _____ Age _____

Parent/Guardian Name _____ Parent /Guardian Name _____

Physician's Address (required) _____

I give permission for these records to be shared with St. George's Episcopal School.

Parent's Signature

Date

To be completed by Physician. Please list all relevant information.

Please attach a current immunization record

Allergies _____

Health problems, impairments, or other special needs _____

Has this child suffered seizures? _____ Explain _____

Illnesses child has had: Chicken Pox _____ Measles _____ Mumps _____ Other _____

Has child suffered serious injury or illness during past 12 months? _____ Explain _____

Has child been hospitalized during past 12 months? _____ Explain _____

Is child currently taking medication? _____ Explain _____

Does child require a special diet? _____ Explain _____

Other health or developmental concerns _____

Does child require an Individualized Education Plan (IEP)? _____

Is child physically able to participate in a school program? _____ If not, please list any activities which should be excluded _____

Please complete the following for children who are 4, 5, and 6 years old as of Sept. 1

Hearing screening: Date ____/____/____

Rescreen Date: ____/____/____

Pass _____ Fail _____

Pass _____ Fail _____

Vision Screening: Date ____/____/____

Rescreen Date: ____/____/____

Pass _____ Fail _____

Pass _____ Fail _____

Physicians' Statement: I have examined the above named child within the past year and find that he/she is physically able to take part in the school program.

Physician's signature

Date