

HOLY CROSS LUTHERAN LEARNING CENTER

1200 Foxfire Drive College Station, TX 77845
969-777-5262 school@holycrossbcs.org

PHYSICIAN'S REPORT

Medical Report For _____ Child's Date of Birth _____

HEALTH EXAMINATION

A complete physical was give on _____
Date

Known allergies _____

History of diseases or illness school should be aware of _____

Is this child currently receiving treatment or medication that the school should be aware of? Yes No

If yes, please explain _____

Does this child have any special limitations? Yes No

If yes, please explain _____

If this child has received a hearing or vision test, please attach a copy of the exam results to this form.
(Children attending preschool are required to have a hearing/vision test at the age of four.)

PHYSICIAN'S 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

Today's Date

Address

Phone Number

***PLEASE ATTACH COPY OF CURRENT IMMUNIZATIONS**