

St. Alban's Episcopal Day School, Inc.

Physician's Report

This form is required for all NEW STUDENTS. Returning students should have this form in their file.

Child's Name _____ Birthdate _____

The above named child has enrolled at St. Alban's Episcopal Day School, Inc. I hereby certify that this child is current with all health immunizations as required by the Texas State Board of Health.

IF NOT, the following immunizations are needed:

The following special problems were noted during the examination (allergies, asthma, etc.)

I certify that I have examined the above named child within the past 12 months and the child is free of communicable disease and is physically and mentally able to participate in school activities.

Print Name of Physician _____

Physician's Signature _____ Date _____

Please return this form to: St. Alban's Episcopal Day School, Inc.
1417 E. Austin
Harlingen, Tx 78550
Fax: 956/428-8457