



Divine Redeemer Lutheran School  
**Physician** Completed Medical Information Form

**Student Name:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **BP:** \_\_\_\_\_

**Immunizations:**

\_\_\_\_\_ Current

\_\_\_\_\_ Behind Schedule

**If immunizations are behind, please note what immunizations are needed and the schedule to bring the student up to date.**

\_\_\_\_\_  
\_\_\_\_\_

**Significant Health History:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the student have any communicable diseases?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Are there any restrictions for this student regarding physical education classes, sports or recess activities?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**If yes, please identify and explain:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signature of examining health care professional:** \_\_\_\_\_

*Health Care Professional is defined as M.D., D.O., P.A., or N.P.*

**Date:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_