

**Immanuel Christian School  
2011 – 2012 Physical Record**

**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)

\_\_\_\_\_ 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 permanently 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: \_\_\_\_\_