

**ST. MARY'S ACADEMY  
LOWER SCHOOL  
4545 S. UNIVERSITY BOULEVARD  
ENGLEWOOD, CO 80113 (Fax 303-783-6201)**

**MEDICAL INFORMATION  
2011-2012**

This form is to be completed and signed by your daughter's / son's physician. Please return the completed form to the Lower School office.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Examination \_\_\_\_\_

History: Does this child have a history of any of the following? Check if yes.

Allergies _____	Diabetes _____	Hearing problems _____
Asthma _____	Ear Infections _____	Heart Disease _____
Bronchitis _____	Emotional problems _____	Migraine headaches _____
Cerebral Palsy _____	Epilepsy/Convulsions _____	Orthopedic Defects _____

List significant illnesses, allergies, accidents, operations, congenital defects, emotional problems:

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

Exposure to TB: yes \_\_\_\_\_ no \_\_\_\_\_ TB Testing Date \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

Physical Examinations: List only abnormalities: \_\_\_\_\_

Vision: Right \_\_\_\_\_ Left \_\_\_\_\_ Hearing: Right \_\_\_\_\_ Left \_\_\_\_\_

Dental Defects: \_\_\_\_\_

I have examined the above student and approve / disapprove her/his participation in the Physical Education Program.

Signature of Physician \_\_\_\_\_

Name of physician (please print or type) \_\_\_\_\_

Telephone \_\_\_\_\_