



# Physician's Statement of Health

St. Mark Lutheran School • 1515 Hillendahl, Houston, TX 77055  
713-468-1492 (Ph) 713-468-6735 (Fax)  
www.stmarkhouston.org



Have doctor  
complete and  
return  
By Aug. 1<sup>st</sup>

***New Students under the age of five years please complete this form.***

**To the Physician: please complete and return the following statement to St. Mark Lutheran School. The statement may be returned by the parents, by mail or faxed.**

Student's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Last physical exam date \_\_\_\_\_  
(must be within one year of starting date)

Does the student have any chronic conditions?  Yes  No

If yes, please explain: \_\_\_\_\_

Does the student require any special care for special conditions such as allergy, special diet, restriction on physical activity, specified medications, etc.?  Yes  No

If yes, please explain: \_\_\_\_\_

Is the student free of infection and contagious disease?  Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
*Printed name of physician*

\_\_\_\_\_  
*Physician's signature*

\_\_\_\_\_  
*Physician's Telephone number*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*