

St. Alban's Episcopal Day School, Inc.
Physician's Report

This form is required for all **New Students**,
all **4yr Old Students**, and all **1st Grade Students**.

(as per Parent Handbook)

Child's Name: _____ Birth Date: _____

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 examinations (allergies, asthma, etc.)

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

Printed Name of Physician: _____

Physician's Signature: _____ Date: _____

Please return this form to : St. Alban's Episcopal Day School, Inc.
1417 East Austin Avenue
Harlingen, Texas 78550
Phone - (956) 428-2326
Fax - (956) 428-8457
Email: nurse@stalbansharlingen.org