



PHYSICIANS REPORT OF HEALTH & IMMUNIZATION

Student Name: _____ DOB: _____

The child named above is currently a student enrolled at Maple Street School. We realize that a yearly physical is not always necessary for every child. If this is the case for this patient, would you please sign and return this form before the start of school. We would appreciate your indicating any physical problems that have occurred in the past school year that should be considered in regard to either academic or athletic programs.

Also required is a **full copy of their official immunization report** along with medical or religious exemption forms if applicable.

These reports may be faxed to Maple Street School at 802-362-3492, or mailed to:

Maple Street School
322 Maple Street
Manchester Center, VT 05255

Physician: _____ Date: _____
Phone: _____

Please return to:

Please return by the start of school.

I give my consent for this information to be released to Maple Street School.

Parent/Guardian: _____ Date: _____