St. Mary's School
605 Monroe Street
Ellis, KS 67637
(785) 726-3185

STATEMENT OF IMMUNIZATION & PHYSICAL ASSESSMENT COMPLIANCE

Name of Student _____ Birthdate _____
Last First Middle Month / Day / Year

Name of Parent _____ Phone _____
Last First Middle

Address _____ City _____

I hereby certify that any additional immunizations needed to complete the required immunization series and/or a physical assessment will be received by this child within the ninety (90) days after admission to school.

Signed _____ Date _____
(Parent or Guardian) Month / Day / Year

Previous School Attended: School _____ City _____ State _____

Has the student previously been enrolled in any other Kansas school? _____
If yes, which school?_____ City _____ State _____

Does the student have any current health problems? _____ If yes, explain _____
_____

Does the student have any chronic health problems such as asthma, diabetes, epilepsy, orthopedic, etc.?
_____

Does the student have a vision problem? _____ If yes, explain _____
_____

Does the student wear glasses or contacts? _____ If yes, explain _____
_____

Does the student have a hearing problem? _____ If yes, explain _____
_____

If the student takes medication either at home or school, please state the reason, name of the medication and the dosage. _____

If medication, either prescription or over the counter, is to be taken at school, it must be brought to school in the original container. A parent or guardian must complete and sign a permission form. Please contact the school office for specific directions.