



Salem Lutheran School

5025 Lakewood, St. Louis, MO 63123 Phone: 314-353-9242 FAX: 314-353-9328

Health Information Form

Child's Name		Address	
Father/Guardian		Mother/Guardian	
Home Phone Number		Home Phone Number	
Employer		Employer	
Business Phone Number		Business Phone Number	
Family Physician		Physician Phone Number	
Below to be completed by physician (for students entering K, 3, 5, 7, all new students and all athletes)			
Is child under care at this time? Yes No Date of physical examination:			
Physical Findings:		For New Students:	
Height:	Weight:	Recommendations for School:	
Bp:	Pulse:		
Snellen: Glasses?	Cover test:		
Ent:	Heart:	Medical treatment at school:	
Chest/lungs:	Abdomen:		
Hernia:	Lymph nodes:		
Neurologic:	Genitalia:		
Scoliosis:		May child participate in sports? Yes No	
Name of Examiner (please print)		Signature of Examiner:	Date
Address:		Phone Number:	
Please attach current immunization list			