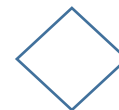


STATEMENT OF IMMUNIZATION AND PHYSICAL ASSESSMENT COMPLIANCE



Name of Student \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Parent \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

Previous School/Center attended \_\_\_\_\_ City/State \_\_\_\_\_

Has student previously been enrolled in a Hays school? \_\_\_\_\_

If so, which school? \_\_\_\_\_ City/State \_\_\_\_\_

Has student previously been enrolled in any other Kansas School? \_\_\_\_\_

If so, which school? \_\_\_\_\_ City/State \_\_\_\_\_

Has student previously been enrolled in a school within the Diocese of Salina? \_\_\_\_\_

If so, which school? \_\_\_\_\_ City/State \_\_\_\_\_

Does the student have any medical concerns? If yes, please list \_\_\_\_\_

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

Does the student have any vision or hearing problems? If yes, please list \_\_\_\_\_

Does the student wear glasses or contacts? If so, when should they be worn \_\_\_\_\_

Does the student require medications taken at school or locked in the school office? If so, please list \_\_\_\_\_

Holy Family does not have a school nurse. It is highly recommended that students needing daily medications get into a routine of taking them before school, after school, and before bed if needed 3x daily, or in the morning and evening if needed 2x daily. It is up to the parents to inform school personnel and teachers if the student is in need of medication or will have an epi pen or inhaler at school. Please complete a student medication form at enrollment or the first day of school. For more information on our Health Policy, please visit our school website, visit the "About Us" tab, and find "Health Policy".