



**TRINITY LUTHERAN SCHOOL**  
4740 N. State Hwy. 83  
Franktown, CO 80116  
303.841.4660 Fax 303.841.2761

**STUDENT HEALTH RECORD**

(Please have Physician fill out)

Child's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City/State/Zip

Parent/Guardian \_\_\_\_\_

**Date of Physical** \_\_\_\_\_

DISEASE HISTORY DATES

Measles \_\_\_\_\_ Mumps \_\_\_\_\_  
Scarlet Fever \_\_\_\_\_ Other \_\_\_\_\_  
Chicken Pox \_\_\_\_\_

Child's Height \_\_\_\_\_ Child's Weight \_\_\_\_\_

Please describe any abnormal findings on the following:

Eyes, ears, nose, throat \_\_\_\_\_  
Skin and scalp \_\_\_\_\_  
Urine \_\_\_\_\_  
Heart and lungs \_\_\_\_\_  
Abdomen and extremities \_\_\_\_\_  
Other \_\_\_\_\_

Comments and recommendations \_\_\_\_\_  
\_\_\_\_\_

This child is able to participate in extra-curricular sports.

\_\_\_\_\_  
*Signature of physician*

\_\_\_\_\_  
*Date*