



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