

STUDENT HEALTH AND IMMUNIZATION RECORD

The Schilling School for Gifted Children
8100 Cornell Road, Cincinnati, Ohio 45249
Phone: 513-489-8940 Fax 513-489-8941
schillingschool.org

Student Name: _____

Date of Birth: _____ Grade _____

Please attach a current copy of the student's immunization record.

PHYSICAL EXAMINATION

Date of Exam: _____ Weight: _____ Height: _____

Vision: _____ Hearing: _____ Blood Pressure: _____

Does this student have any significant medical problems? Please describe: _____

Does this student regularly take any medications? Please list: _____

If you wish this student to be restricted from any part of our school program, please explain:

Physician's Signature: _____

Physician's Name Printed: _____ Date: _____

Office Address: _____

Phone: _____ Email: _____