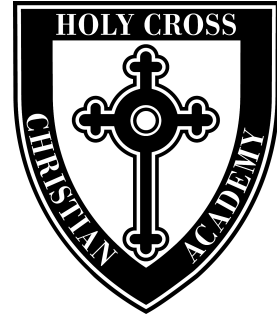


Holy Cross Christian Academy Physician's Form



Each student enrolled must show proof that required immunizations are current and that a physician has either seen the student within the previous 12 months or deems such an exam unnecessary. **Please attach current shot records to this form.** This form and shot records must be received NO LATER THAN THE FIRST DAY OF CLASSES. It may be faxed to Holy Cross at 817-295-6307 or delivered to the school office.

Child's Name: _____

Parent's Name: _____

PHYSICIAN'S INFORMATION:

Physician's Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

A complete physical examination was given on: _____

A current examination was waived due to: _____

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

Physician's Signature: _____