



Immanuel Lutheran School
2865-26th Avenue Columbus, NE 68601 402-564-8423

**Complete & Return
to the
SCHOOL OFFICE**

STATEMENT OF HEALTH

TO BE COMPLETED FOR ALL
KINDERGARTEN AND SEVENTH GRADE STUDENTS
ALONG WITH ALL OUT OF STATE TRANSFER STUDENTS

NAME _____

SCHOOL YEAR _____

GRADE _____

PHYSICIAN'S STATEMENT

I have examined the heart action, blood pressure, and general physiological condition of the above named person, a student at Immanuel Lutheran School, and believe him/her to be physically fit to participate in normal classroom and school activities. I have found the student to be free from serious heart or lung disorders.

Physician's Name (Please Print) _____

Physician's Signature _____

Date _____

Physician's Comments (If Any) _____

Please return to: Immanuel Lutheran School
2865 26th Avenue
Columbus, NE 68601
Fax: 402-564-1162