

Medical Statement Form Sample for School Admission

Download a **medical statement form sample** for school admission to ensure all necessary health information is accurately recorded. This form helps schools assess the medical needs and provide appropriate care for incoming students. Utilizing a standardized template streamlines the admission process for both parents and administrative staff.

Student Name:

Date of Birth:

Parent/Guardian Name:

Address:

Contact Number:

Immunization Record

Vaccine	Date Received
Diphtheria/Tetanus/Pertussis (DTP)	<div></div>
Measles/Mumps/Rubella (MMR)	<div></div>
Polio	<div></div>
Hepatitis B	<div></div>
Varicella (Chickenpox)	<div></div>

Allergies (if any):

List any allergies, e.g. foods, medications, etc.

Chronic Medical Conditions:

e.g. asthma, diabetes, epilepsy, etc.

Current Medications (if any):

Physician's Name:

Physician's Contact Number:

Additional Information/Recommendations:

Date:

Parent/Guardian Signature:

Submit