

# 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)	<input type="text"/>
Measles/Mumps/Rubella (MMR)	<input type="text"/>
Polio	<input type="text"/>
Hepatitis B	<input type="text"/>
Varicella (Chickenpox)	<input type="text"/>

**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**