



# Mater Dei Academy

*A Classical Education in the Catholic Tradition*

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JMJ

## PHYSICIANS REPORT OF HEALTH & IMMUNIZATION

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

The child named above is currently a student enrolled at Mater Dei Academy. We realize that a yearly physical is not always necessary for every child. If this is the case for this patient, would you please sign and return this form before the start of school. We would appreciate your indicating any physical problems that have occurred in the past school year that should be considered in regard to either academic or athletic programs.

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Also required is a full copy of their official immunization report along with medical or religious exemption forms if applicable.

Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Please return to:

Mater Dei Academy

3695 Elm Street

Columbus, Ohio 43055

**Please return by the start of school.**

I give my consent for this information to be released to Mater Dei Academy.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_