Montessori Peaks Academy
Health Appraisal Form
Statement of Physical Condition
2021-2022

Student's Name: _____ was given a physical

examination within the last 12 months on: _____

Immunization records are up-to-date (Please attach record) _____ Yes _____ No

Chronic medical Conditions: (List) _____

_____

Restrictions: (List) _____

_____

Allergies: _____

_____

_____ Cleared for age appropriate activities

_____ Cleared for preschool attendance

Date of child's next physical and well check up: _____

_____
Today's Date

_____
Physician Name (print)

_____
Physician signature

_____
Address

_____
Phone