



**ST.  
PETER**  
CATHOLIC SCHOOL

ST. PETER CATHOLIC SCHOOL

124 First Street Monument, CO 80132

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PHYSICAL FORM

*A current physical (within the year) must be on file for all preschool students and for all students participating in after-school sports teams.*

\_\_\_\_\_ DOB \_\_\_\_\_ has been examined by me and is free of any contagious or infectious disease and is able to participate in a preschool/elementary school program and/or sports programs.

Other comments including chronic or disabling conditions, drug reactions, food allergies, medications being taken or special diets:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immunizations are current

Immunizations are not current \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Physician's Name \_\_\_\_\_

Physician's Signature \_\_\_\_\_

*Physician must sign form*