



ST. PETER CATHOLIC SCHOOL  
24 First Street Monument, CO 80132  
Phone: 719 481-1855  
Fax: 719-266-3402

PHYSICAL FORM  
2020-2021

*A current physical (within the year) must be on file for all preschool, kindergarten 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. Please provide reasons below:

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

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

Physician's Signature \_\_\_\_\_  
*Physician must sign form*