



# Via Vita Veritas Summer School

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## HEALTH FORM

Dear Physician: \_\_\_\_\_

(Child's Name)

is enrolled in our 2 weeks boarding summer school. We require at the time of admission a written statement from a physician as evidence of each child's annual physical examination and immunizations in accordance with Department of Public Health's recommended schedules. A prompt response is appreciated.

### IDENTIFICATION

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Examination of Child:

\_\_\_\_\_

What is your opinion concerning the child's general health and appearance:

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

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc.) which require special consideration or care by the Summer school educator? If so, please detail below:

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

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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

Please return this form and the child's immunization record to: [vvvs2020@gmail.com](mailto:vvvs2020@gmail.com)