



# Saint Brigid Day School Health Form

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Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

Allergies \_\_\_\_\_

Special Needs/Problems \_\_\_\_\_

Are all required immunizations up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

If the student has been administered a TB test (recommended but not required), please fill in the dates and results below:

TB Skin Test on \_\_\_\_\_ Result \_\_\_\_\_  
*Date*

I certify that the above named student was examined by me on \_\_\_\_\_  
*Date*

At the time of the examination, this student was free from infectious or communicable disease. This student is able to participate in school activities for children age 2 through 5 years at Saint Brigid Day School. (Note: the exam must be performed within six months prior to current year enrollment at Saint Brigid Day School.)

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*Signature of Licensed Pediatrician or Health Care Provider*

*Date*

**IMPORTANT!** Please attach to this form a completed **Georgia Department of Human Resources Certificate of Immunization (Form 3231)**