

Mt. Franklin Christian Academy
201 E. Sunset Rd. El Paso, TX 79922
Phone (915) 581-4487 Fax(915) 581-0331

Medical Statement to be completed by Physician

Student Name: _____

Date of examination: _____

_____ has been examined by me and found to be free of infectious disease and is physically and mentally able to participate in _____ group activities _____ P.E. classes and _____ outdoor recess time.

Any allergies, special recommendations or restrictions: _____

Spinal Screening is required for all students entering 6th grade and all new students 6th thru 8th grade who do not have record of the required screening.

Screening date: _____ Results _____

Physician's Signature: _____

Physician's Name (Printed) _____

Clinic: _____

Clinic Address: _____

Clinic Phone Number: _____