

**Waldorf School of Baltimore Upper School  
Annual Medical Statement  
School Year 2010-2011**

**This form must be completed annually by Pediatrician or Physician for all students.**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

1. Does this student have a health concern, medical problem or condition of which the school should be aware?

Yes \_\_\_\_\_ No \_\_\_\_\_

Specify \_\_\_\_\_

2. Does this child take medication on a regular basis?

Yes \_\_\_\_\_ No \_\_\_\_\_

Specify \_\_\_\_\_

3. Date of most recent physical exam \_\_\_\_\_

Annual physical exam is **required** for participation in after-school sports and in other specified categories.

4. Allergies \_\_\_\_\_

\_\_\_\_\_

5. Date of last Tetanus booster \_\_\_\_\_

6. Recent Immunizations and dates given \_\_\_\_\_

7. Do you consider this student physically able to participate in all sports and activities?

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

**All Health Forms are due before July 1, 2010.**

Students may not attend classes or participate in the Sports Program until this form is received by the Upper School office. Please return this form to: Diane Hrabal, WSB Upper School Office, 4701 Yellowwood Road, Baltimore, MD 21209 or Jean Engelke, 4801 Tamarind Road, Baltimore, MD 21209