



SCHOOL FORMS REQUEST

I, _____ AM REQUESTING HEALTH FORMS
PARENT OR GUARDIAN

FOR MY CHILD(REN) LISTED BELOW: *(Please check one or both)*

NAME _____ DATE OF BIRTH _____
_____ HRS 680 (BLUE IMMUNIZATION FORM) _____ HRS 3040 (YELLOW PHYSICAL FORM)

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PARENT/GUARDIAN SIGNATURE _____

PHONE# _____ DATE _____

_____ I WILL PICK UP _____ FAX _____

_____ PLEASE MAIL TO: _____

PLEASE ALLOW 5-7 BUSINESS DAYS FOR PROCESSING

**NOTE: YOUR CHILD MUST HAVE HAD A PHYSICAL (WELL CHILD) EXAM
WITHIN ONE YEAR OF TODAY'S DATE IN ORDER TO RECEIVE
A YELLOW FORM.....NO EXCEPTIONS.**