



SCHOOL FORMS REQUEST

I, _____ AM REQUESTING HEALTH FORMS
PARENT OR GUARDIAN

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

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

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

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

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

PARENT/GUARDIAN SIGNATURE _____

PHONE# _____ DATE _____

_____ **I WILL PICK UP**

_____ **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 RECIEVE
A YELLOW FORM.....NO EXCEPTIONS.**