



**Saint Mary Catholic School  
Health Appraisal Form  
2021.2022**

- My child, \_\_\_\_\_,

\_\_\_\_\_ is up to date on his or her immunizations and a record is on file with Saint Mary Catholic School.

\_\_\_\_\_ is in good health OR

\_\_\_\_\_ has the following health concerns and/or restrictions:

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Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_