

	Yes	No	Comments:
3. Epilepsy.....	_____	_____	_____
Is the student on medication?	_____	_____	_____
4. Heart Condition.....	_____	_____	_____
5. Infectious Hepatitis	_____	_____	_____
6. Rheumatic Fever.....	_____	_____	_____
7. Hernia.....	_____	_____	_____
8. Allergies	_____	_____	_____
9. Infectious Mononucleosis	_____	_____	_____
10. Mental Disorders.....	_____	_____	_____
11. Scoliosis	_____	_____	_____
12. Other	_____	_____	_____

Abnormalities Present:

1. Head	_____	_____	_____
2. Neck.....	_____	_____	_____
3. Throat.....	_____	_____	_____
4. Lungs	_____	_____	_____
5. G.I.	_____	_____	_____
6. Other	_____	_____	_____

Other serious illness or surgeries? _____

Any present treatments or medications? _____

Special diet? _____

If applicant has to earn money while at school, is he/she physically able to undertake such work in addition to studies? _____

I certify that, to the best of my knowledge, the above named student IS / IS NOT physically capable to pursue a full-time curriculum without detriment to his/her health.

Signature of Physician _____ Date _____

Physician, Print Name Here: _____

Clinic Name & City: _____

Please mail completed form to the following address: Association Free Lutheran Bible School
 3134 East Medicine Lake Boulevard
 Plymouth, MN 55441-3008