



Crystal Lake Elementary District 47

300 Commerce Dr., Crystal Lake, IL 60014 (815) 788-5000

www.d47.org  /D47schools  @crystallakesd47

CRYSTAL LAKE ELEMENTARY SCHOOL DISTRICT 47 RECORD OF ANNUAL WELLNESS SCREENING

NAME: _____

DATE OF BIRTH: _____

BUILDING: _____

I, _____, CERTIFY THAT THE ABOVE NAMED INDIVIDUAL
WAS SEEN FOR A WELLNESS EXAM, WHICH CONSISTED OF CHECKING HEIGHT,
WEIGHT, BLOOD PRESSURE, AND A BASIC BLOOD PANEL, ON

_____.

PHYSICIAN'S NAME (PRINTED): _____

PHYSICIAN'S SIGNATURE: _____

DATE: _____