



Sports Physical/School Immunization

Pre-registration Form

Completing this form is not required, but strongly encouraged.

Student Name: _____ DOB: _____
Parent/ Guardian's Name: _____ Phone: _____
Address: _____ City: _____ State: _____

Does your child need:

1. **School Immunizations:** YES NO **Grade as of Fall 2024**

If you do not have insurance, vaccines will be \$15 each.

Insurance: _____ Policy #: _____

Policy Holder's Name: _____ Policy Holders DOB: _____

2. **Sports Physical:** YES NO

Sports physicals will not be charged towards insurance. We will accept cash only.

The cost is \$20.

Date: July 1, 2024

Time: 5:30-7:30 (No Appointment necessary)

Location: Casey Nazarene Church 1000 E US 40, Casey, IL

Questions? Please contact the Clark County Health Department at 217-967-2243.

