

# St. Philip Preschool

## Health Form & Medical Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First) (Middle) (Last)

### Admission Health Requirement:

**One of the following must be checked for all children as well as the attached up to date immunization record.**

- Health Care Professional Statement: I've examined the above named child within the past year and find that they are able to participate in a preschool program.
- A form or handwritten statement from a health care provider or clinic.
- A notarized affidavit is provided by the child's parent stating that medical diagnosis & treatment conflict with the tenets and practices of a recognized religious organization of which he parent is adherent or member OR immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate signed by a health care professional to that effect and attach it to this form. \*

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician/ Healthcare Professional Name: \_\_\_\_\_

Signature of Healthcare Professional: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Immunizations:**

**We must be provided with documentation that has been validated by a health care professional with a signature or rubber stamp. Students may not start preschool until the office has received either current immunization records or an original Affidavit of Exemption from the State of Texas.**

**\*Please attach a VALIDATED Copy of shot records or a State Affidavit of Exemption.\***

## Hearing & Vision Screening:

State licensing requires all **Four Year Old children** enrolled in a school program to be screened for Hearing & Vision. Hearing & Vision Screening must be completed by the healthcare provider of your choice. Please complete the following information below:

Vision      R 20/ \_\_\_\_\_      L 20/ \_\_\_\_\_      \_\_\_\_\_ Pass      \_\_\_\_\_ Fail

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

Hearing      1000Hz      2000Hz      4000Hz

R      \_\_\_\_\_      \_\_\_\_\_ Pass      \_\_\_\_\_ Fail

L      \_\_\_\_\_      \_\_\_\_\_ Pass      \_\_\_\_\_ Fail

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

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