

Weekday Program Health Requirements

Must be completed and returned before the child begins school.

1. Physician's Statement

Name of Child:	Date of Birth:
<p>I have examined the above child within the past year and find that he/she is able to take part in the preschool program.</p> <p>_____</p> <p style="text-align: center;">Health Care Professional's Signature Date</p>	
Health Professional's Name:	
Address:	
City:	State:
	Zip:

2. Immunization Record

THE TEXAS DEPARTMENT OF PUBLIC SAFETY REQUIRES THE WEEKDAY PROGRAM TO HAVE AN UP TO DATE COPY OF YOUR CHILD'S IMMUNIZATION RECORD.
Please provide ONE of the following:
<input type="checkbox"/> My child's most current immunization record is attached and signed by a health care professional.
<input type="checkbox"/> I have attached an official signed affidavit as required by the State of Texas.
<p>I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of.</p>
For additional information regarding immunizations contact the Department of State Health Services at www.dshs.state.tx.us/immunize/public.shtm

3. Vision and Hearing Results (4 years old and older)

CHILDREN AGES 4 AND OLDER BY SEPTEMBER 1 ST OF THE CURRENT SCHOOL YEAR, MUST HAVE VISION AND HEARING TESTS ON FILE BY NOVEMBER. (PLEASE ATTACH THE EXAMINATION RECORD TO THIS FORM)				
VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
_____ <i>Health Care Professional Signature / Stamp</i>			_____ <i>Date</i>	
HEARING	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
R				
L				
_____ <i>Health Care Professional Signature / Stamp</i>			_____ <i>Date</i>	

Signature – Parent or Legal Guardian _____ Date _____