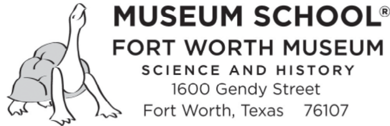

Health Form 2019-2020

Child's Name: ____ Current Age: _______ Birthdate: __________________

****MUST BE COMPLETED BY YOUR PHYSICIAN****

A current immunization record must accompany this form.

TB Results: Positive ___________ Negative ______________ Date ________________ N/A ☐
(Tuberculosis test to be completed if recommended by the Texas Department of Health.)

Physician's verification must be submitted if the child has had measles or mumps.

Measles __________ Date of Illness ________________ Mumps __________ Date of Illness _____________

Children reaching **age 4 as of September 1, 2019** are required to have a Hearing and Vision screening by the Texas Department of State Health Services. Please note the results below or attach results to this document.

VISION	R 20/ ________	L 20/ ________	☐ PASS ☐ FAIL
SIGNATURE ________________________		DATE ________________________	

HEARING	1000 Hz	2000 Hz	4000 Hz	☐ PASS ☐ FAIL
R				
L				
SIGNATURE ________________________		DATE ________________________		

Each child entering Museum School is required to present the following statement certifying that the child has been examined by a physician within the past year, immunizations are up-to-date, and is physically able to participate in the school program.

PHYSICIAN'S STATEMENT:
I have examined the above child within the past year and find that he/she is physically and mentally able to take part in the Fall/Spring 2019-2020 Museum School program.

____

Physician's Signature (Mandatory) Address

____

Physician's Name (Please Print) Phone #