



**St. Philip's Preschool
Physician's Statement**

Child's Name _____

Date of Birth _____

This child has been examined by me within the past 12 months and is found to be in good health and able to attend child care. This child is physically able to participate in all aspects of the child care program.

Physician's Signature

Date

Results of Vision and Hearing Test *(if conducted)*

VISION SCREEN:	PASS	FAIL	HEARING	PASS	FAIL
Right Eye:			Right Ear:		
Left Eye:			Left Ear:		

Immunization Record

Please attach the child's immunization record. The record must include the signature of or be stamped by a physician or public health agency.

St. Philip's Preschool will not admit any children who are not immunized. Exception is only permitted if you provide documentation from the child's healthcare provider that the required immunizations are contraindicated or pose a significant risk to the health and well-being of the child. A notarized affidavit from the Texas Department of Health must also be included.