

NEW STUDENTS ONLY
PHYSICIAN FORM

MEDICAL ADMISSION REQUIREMENT FOR 2021-2022 SCHOOL YEAR:

If a medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which you adhere to or are a member of, attach a signed and dated affidavit stating this. It is the responsibility of the parent to provide an official copy of current immunizations to the school office. Please continue to update the office of other immunizations received throughout the school year.

Child's Name:

Date of Birth:

One of the following must be presented when your child is admitted to the child care program or within one week of admission.

- ☐ **HEALTH CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he or she is able to take part in the child care program.

Name and Address of Health Care Professional

Health Care Professional's Signature:

Date Signed:

- ☐ A signed and dated copy of a health care professional's statement is attached
- ☐ My child has been examined within the past year by a health care professional and is able to participate in the child care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care program.
- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

SCHOOL AGE CHILDREN ONLY

- ☐ My child attends the following school: _____
School Phone Number: _____
- ☐ My child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

Parent Signature _____

Date _____

School Designee's Signature: _____

Date _____