

Medical Form

Name of Child _____ Date of Birth _____

School Name: Houston Peace Academy

Phone number: 281-257-8988

I have provided Houston Peace Academy with a copy of my child's most current immunization record.

TO BE FILLED BY YOUR CHILD'S HEALTH CARE PROFESSIONAL

If your child turns 4 this school year, he/she is required to have a vision and hearing test. If your child is a new student, you will need to submit the hearing and vision test results.

In compliance with Health and Safety Code, Chapter 37, all children shall undergo screening for abnormal spinal curvature in accordance with the following schedule:

Girls will be screened two times, once at age 10 and again at age 12

Boys will be screened once at age 13.

Vision		R 20/_____	L 20/_____	<input checked="" type="checkbox"/> PASS <input checked="" type="checkbox"/> FAIL
Spinal Curvature			<input checked="" type="checkbox"/> PASS <input checked="" type="checkbox"/> FAIL <input checked="" type="checkbox"/> N/A	
Hearing	1000 Hz	2000 Hz	4000 Hz	<input checked="" type="checkbox"/> PASS <input checked="" type="checkbox"/> FAIL
R				
L				

I, _____ have examined the above named child within the past year and find that he/she is fit and well to attend school.

Name and address of health care professional:

 Healthcare professional's Signature

 Date