

PRESTON HOLLOW PRESBYTERIAN SCHOOL AND PRESCHOOL

9800 Preston Road
Dallas, Texas 75230
214-368-3886 (School)
214-369-1395 (Preschool)

PHYSICIAN'S STATEMENT

Date _____

In order to comply with the requirements of the State of Texas, it is necessary that this record be completed and on file prior to the first day of class at Preston Hollow Presbyterian School. Please submit this to your examining physician and forward to us before school starts.

NAME _____ DATE OF BIRTH _____

ADDRESS _____ EXAMINATION DATE _____

SCHEDULE OF IMMUNIZATIONS: (List Dates)

DPT 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

POLIO 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

MMR 1. _____ 2. _____ VARICELLA 1. _____

HEPA 1. _____ 2. _____ HIB VACCINE 1. _____ 2. _____

PCV7 1. _____ 2. _____ 3. _____ 4. _____

3. _____ 4. _____ HEPATITIS 1. _____ 2. _____

TB 1. _____ 1. _____

VISION:
Without glasses

R-Eye	20/
L-Eye	20/

VISION:
With glasses

R-Eye	20/
L-Eye	20/

HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			

Physician's Statement: I have examined the above named child within the past year and find that he/she is physically able to take part in this school program.

*Physician's Signature _____ Phone Number _____

Address _____

*PLEASE NOTE: The physician's signature must be a signature or signature stamp only. This form must be submitted to the school office prior to the first day of school.