## PRESTON HOLLOW PRESBYTERIAN SCHOOL AND PRESCHOOL

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

## PHYSICIAN'S STATEMENT

| Date                   |                        |                         | _  |                    |                          |           |           |          |  |
|------------------------|------------------------|-------------------------|--|--------------------|--------------------------|-----------|-----------|----------|--|
| that thi               | s record by Hollow Pre | e complet<br>esbyteriar | e requirement<br>ced and on fi<br>n School. Ple<br>s before scho | ile pri<br>ease su | ior to the<br>abmit this | e first d | ay of cla | ass at ¯ |  |
| NAME                   |                        |                         |  |                    | ATE OF BIRTH             |           |           |          |  |
| ADDRESS                |                        |                         |  |                    | EXAMINATION DATE         |           |           |          |  |
| SCHEDULE               | OF IMMUNI              | ZATIONS:                | (List Dates)   | )                  |                          |           |           |          |  |
| DPT                    | 1                      | 2                       | 3  | 4                  | 5                        | •         | 6         |          |  |
| POLIO                  | 1                      | 2                       | 3  | 4                  | 5                        | •         | 6         |          |  |
| MMR                    | 1                      | 2                       | VARICE   | LLA                | 1                        |           |           |          |  |
| HEPA                   | 1                      | 2                       | _2 HIB VACCINE   |                    |                          | 2         |           |          |  |
| PCV7                   | 1                      | 2                       |  |                    | 3                        | 4         |           |          |  |
|                        | 3                      | 4                       | HEPATI   | ris                | 1                        | 2         |           |          |  |
| TB                     | 1                      |                         |  |                    | 1                        |           |           |          |  |
|                        |                        |                         |  |                    |                          |           |           |          |  |
| VISION                 |                        | VIS                     |  |                    |                          |           |           |          |  |
| Withou<br>R-Eye        | t glasses              |                         | n glasses<br>ye 20/  | 1                  | HEARING                  | 1000 Hz   | 2000 Hz   | 4000 Hz  |  |
| L-Eye                  |                        |                         | ye 20/   |                    | R                        |           |           |          |  |
| г-гле                  | 207                    | п-г                     | ye  207  |                    | L                        |           |           |          |  |
|                        |                        |                         |  |                    |                          |           |           |          |  |
|                        | l find that            |                         | ave examined<br>is physically                                    |                    |                          |           |           |          |  |
| *Physician's Signature |                        |                         |  | I                  | Phone Number             |           |           |          |  |
| Address_               |                        |                         |  |                    |                          |           |           |          |  |

<sup>\*</sup>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.