



Statement of Health – Fall/Spring 2022-2023

Child's Name: _____ Current Age: _____ Birthdate: _____

***This Museum School Statement of Health OR a Statement of Health on your physician's letterhead MUST BE COMPLETED AND SIGNED BY YOUR PHYSICIAN for ALL children enrolled in Museum School.**

A CURRENT IMMUNIZATION RECORD MUST ACCOMPANY THIS FORM.

Each child entering Museum School is required to present the following statement certifying that the child has been examined by a physician within the past year, immunizations are up-to-date, and he or she is physically able to participate in the school program.

PHYSICIAN'S STATEMENT:

I examined the above child on _____ (date of appointment must be within the past 12 months) and find that he/she is physically and mentally able to take part in the Fall/Spring 2022-2023 Museum School program.

Immunizations are up to date and a copy is attached. _____ (initial)

Physician's Signature (Required) _____ Address _____

Physician's Name (Please Print) _____ Phone # _____ Date _____

Children reaching age 4, 5 or 6 as of September 1, 2022 are required by Texas Health and Human Services to complete a Hearing and Vision screening. Please note the results below or attach the physician's results to this document.

Screening	Results	Comment (if did not pass)
Vision Screening	___ pass ___ fail	
Hearing Screening	___ pass ___ fail	