



MEDICAL STATEMENT

(must be signed by a physician)

Child's Name _____ Date of Birth _____

RECORD OF IMMUNIZATIONS

Attach a copy of the child's shot record(s), allergy form (if required) and TB test (if required).

If you do not immunize your child please attach a copy of your "Exemption Form Immunizations" Affidavit from the State of Texas.

Any special problems or needs (include allergies, illnesses, previous illnesses or injuries, previous hospitalizations during the past twelve (12) months, medications, etc.) Attach an additional sheet if necessary.

The above named child has been examined by me within the past twelve (12) months and is physically able to participate in a school program.

Physician's Signature

Date