

Ann & Nate Levine Academy Health Form

Your child's immunization record must be presented upon enrollment.

Child's Name _____ Date of Birth _____

- This section is to be completed only by a physician, his office personnel, a Health Clinic or Health Nurse.
- A copy of your child's properly signed immunization record may be attached to this form.

DTP/DTaP/DT	Date (1) _____	(2) _____	(3) _____	(B) _____
Polio	Date (1) _____	(2) _____	(3) _____	(B) _____
Hib	Date (1) _____	(2) _____	(3) _____	(4) _____
Mumps	Date _____	or date of disease _____		_____
Rubella	Date _____	or date of disease _____		_____
Measles	Date _____	or date of disease _____		_____
Hepatitis B	Date (1) _____	(2) _____	(3) _____	_____
Varicella	Date _____	or date of disease _____		_____
Hepatitis A	Date _____	_____		
PCV7	Date (1) _____	(2) _____	(3) _____	(4) _____
Tb Test	Date _____	or date of disease _____		_____
MCV4	Date _____	_____		

Signed _____ Date _____
Physician, Health Nurse, or Clinic

HEALTH STATEMENT

This child has been examined within the past twelve months and is physically able to participate in the school program.

Physician's Signature Date _____

Physician's Address & Telephone Number: _____

In accordance with the licensing requirements of the Texas Department of Family & Protective Services, each child must have a current health form signed by the physician. The physician's office address must be included.

PARENTS:

I certify that my child has been examined by a licensed physician within the past twelve months and is able to participate in the Ann & Nate Levine Academy program.

List any health conditions (heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, any chronic condition) and/or any limitations of school activities or athletics due to health or emotional problems. Please specify. _____

Does your child take any medication on a continuous basis? Please specify. _____

The school is unable to administer any medication a child, including aspirin/Tylenol, except by written permission of parents. If your child has medication to be taken during school, it must be brought to the office in its original container with a note signed by the parent stating at what times the medication is to be given.

Signature of Parent/Guardian