



PRESTON HOLLOW PRESBYTERIAN SCHOOL

STUDENT MEDICAL INFORMATION & PHYSICIAN'S STATEMENT

Please take this form to your child's annual physical

*It is required by the State of Texas and Preston Hollow Presbyterian School for this record to be submitted and on file in the school office. All students must have this form completed by their doctor and returned to the school office no later than August 1st. ***

PARENT/GUARDIAN SECTION

Child's Name _____ Date of Birth ____/____/____

Upcoming Grade _____ Please Circle One: New Student OR Returning Student

PHYSICIAN SECTION: Please submit a complete current immunization record with this form

Examination Date _____ Height _____ Weight _____

Hearing and Vision testing is required for ALL grades

VISION: Without glasses

| | |
|-------|-----|
| R-Eye | 20/ |
| L-Eye | 20/ |

VISION: With glasses

| | |
|-------|-----|
| R-Eye | 20/ |
| L-Eye | 20/ |

HEARING: at 25dB

| Hz | 1000 | 2000 | 4000 |
|-------|------|------|------|
| Right | | | |
| Left | | | |

ACANTHOSIS NIGRICANS (incoming 1st/3rd/5th graders)

Circle One: WNL/NEG ABN/POS

SPINAL SCREENING (incoming 5th grade girls only)

Circle One: Pass Fail

PHYSICIAN STATEMENT: REQUIRED

I certify that I have examined the above-named child within the past 12 months and find that he/she is physically able to take part in PHPS programs.

Signature of Examining Physician* _____ Phone _____

Printed name of Physician _____

Address: _____

* The Physician's signature must be a signature or signature stamp only.

** An exemption from immunizations for medical reasons will require a written and signed statement from a board-certified physician. An exemption from immunizations for reason of conscience will not be accepted.

This form must be submitted to the school office prior to the first day of school.

*** Please return this form to the school office, fax to 214.368.2255 or email kmachaj@phps.org by August 1st***