

**ST. LUKE'S EPISCOPAL SCHOOL
MEDICAL INFORMATION**

Student's Name _____

Teacher _____

Date of Birth _____ Grade _____

VISION and HEARING SCREENING REQUIREMENTS The Texas Department of Health requires hearing and vision screening for **ALL 4-year olds, 5-year olds, first/third/fifth/seventh graders, and NEWLY ENROLLED second/fourth/sixth/eighth graders.** St. Luke's is not authorized to allow students to attend/continue attendance without the required testing.

HEARING SCREENING

1st (Date) _____	2nd(Date) _____
<input type="checkbox"/> Pass <input type="checkbox"/> Fail-Rescreen	<input type="checkbox"/> Pass <input type="checkbox"/> Fail-Refer
Screener Signature _____	Screener Signature _____

VISION SCREENING Wears Glasses

1st (Date) _____	2nd (Date) _____
<input type="checkbox"/> Pass <input type="checkbox"/> Fail-Rescreen	<input type="checkbox"/> Pass <input type="checkbox"/> Fail-Refer
Screener Signature _____	Screener Signature _____

IMMUNIZATION RECORD

VACCINE	DATE	DATE	DATE	DATE	DATE
DTP/DTaP/DT					
Hib					
Hepatitis A					
Hepatitis B					
Polio (IPV)					
MMR					
Pneumococcal Conjugate (PCV7)					Meningococcal (MCV4) Date _____
Varicella or Chicken Pox Disease Diagnosed					8 th Grade Scoliosis Screening Date _____ Neg _____ Positive _____
TB Test	Date: _____	Result: _____			

PHYSICAL EXAMINATION: *THIS CHILD IS IN GOOD HEALTH AND ABLE TO PARTICIPATE IN ALL ACTIVITIES OF THE SCHOOL.*

Physician's Signature (Required by TDH) _____ DATE _____

(This signature validates both the physical examination performed and immunization information)

1st <input type="checkbox"/> Pass <input type="checkbox"/> Fail-Rescreen	2nd <input type="checkbox"/> Pass <input type="checkbox"/> Fail-Refer
_____ Screener Signature	_____ Screener Signature