

DESOTO PRIVATE SCHOOL

301 E. Beltline Road
DeSoto, Texas 75115
Phone: (972) 223-6450 Fax: (972) 230-0629

MEDICAL STATEMENT

Child's Name _____

Child's Birthday _____

☆ **Medical Statement must be SIGNED and COMPLETED prior to admission!**

RECORD OF IMMUNIZATION

The following immunizations are required by the State of Texas Department of Protective and Regulatory Services. Dates should be completed and **SIGNED** by a licensed physician (Please include month, day, and year).

DPT/DT	_____	_____	_____	_____	_____
Polio (IPV)	_____	_____	_____	_____	_____
Measles/Mumps/Rubella		_____	_____		
HibCV		_____	_____	_____	_____
Hepatitis B		_____	_____	_____	_____
Varicella (Chicken Pox)		_____	_____		
Hepatitis A		_____	_____		
Pevnar/Pneumococol		_____	_____	_____	_____
Rotavirus		_____	_____	_____	_____

Students **4 years of age & older** must be screened for possible **VISION & HEARING PROBLEMS** within 120 days of enrollment.

Any allergies or special recommendations: _____

The above mentioned child has been examined by me and found free of infectious or contagious diseases and is physically and mentally able to participate in group activities.

☆ _____
PHYSICIAN'S SIGNATURE

_____ Address and Phone Number

ALL STUDENTS NEW TO OUR SCHOOL MUST COMPLETE THE ABOVE MEDICAL STATEMENT. All students entering Five Year Old Kindergarten must have received their BOOSTERS since their fourth birthday. Dates of other required immunizations must be provided when due.

RETURN TO: DeSoto Private School
301 E. Beltline Road DeSoto, Texas 75115

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