2026-2027
Statement of Health and Screening Form

Student Name: _____ DOB_____

Fall Grade Level: _____ Age:_____ Gender: M / F

1. Doctor's Statement: I have examined the above-named student and find he/she is physically able to take part in the school program without restrictions.

_____
Physician's Signature Date

Physician's Name:_____ **Hearing Results:** R_____L_____

Address:_____ **Vision Results:** R_____L_____

AN Screen: _____ N/A

Phone Number:_____ **Spinal Screen**:_____ N/A

Attached: ____ **Deferred**: ____

2. Health screenings:
Per state law, **vision and hearing screening** are required for children age 4 years old as of Sept 1, or in grades Kinder, 1st, 3rd, 5th, and 7th.
Acanthosis nigricans screening is required for 1st, 3rd, 5th, and 7th to help identify those at high risk for developing type 2 diabetes. It is a quick visual inspection to the back of the neck.
Spinal screening is required for girls in the fall semester of 5th grade and then again in the fall semester of 7th grade. Boys require only one spinal screening in the fall semester of 8th grade.
Please send a copy of the screenings performed by your family physician or have them fill out the spaces above. Otherwise, please plan to register for the health screening day at school in September.

3. Immunizations:
Per state law, to be admitted to the school you must submit an updated immunization record or complete an exemption form found on the https://www.dshs.texas.gov website. Please check with your physician's office to make sure your child is up to date with the immunization schedule and submit any necessary forms to the health office as soon as possible.

Please return this completed statement of health form. In lieu of this statement of health form, an official statement of health form from your family physician will also be accepted.