



## HEALTH ADMISSION REQUIREMENTS

FBC Prosper  
Amy Newton, Director

STUDENTS NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

### HEALTH STATEMENT: (Check One)

- Physician's Statement: I have examined the above named child within the past year and find that he/she is physically able to take part in the daycare program.

\_\_\_\_\_  
Health Professional's Signature

\_\_\_\_\_  
Date

**OR**

- A signed and dated copy of a health care professional's statement is attached.

**OR**

- Medical diagnosis and treatment conflict with the tenants and practices of a recognized organization which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

### IMMUNIZATION REQUIREMENTS: (Check One)

- I have attached a copy of my child's current physician immunization record.  
My child had Varicella disease (chickenpox)  No  Yes, Date \_\_\_\_\_

**OR**

- I am excluding my child from the immunization requirements for reason of consciences, including a religious belief. I have attached an official affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for two years. *For additional information regarding immunizations, contact the Department of State Health Services at: [http://www.dshs.state.tx.us/immuize/school\\_info.htm](http://www.dshs.state.tx.us/immuize/school_info.htm)*

### HEARING & VISION REQUIREMENT FOR 4 & 5 YEAR OLDS: (Check One)

- I have attached a copy of my child's Hearing and Vision Results  
**Hearing Results must include Hearing frequencies (1000, 2000, & 4000 Hertz)**  
**Vision must include distance acuity (20/20, 20/30, etc)**

**OR**

- I will use Metroplex Education Consultants to provide this service, for the cost of \$16.00

**OR**

- Hearing & Vision Requirements are not applicable to my child because he/she is under 4 years of age.

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_