

Light
of the
World
School



Learn • Play • Grow

Health Statement

8750 N. Riverside Dr.
Fort Worth, TX 76244
Phone: (817) 750-0442
Fax: (682) 593-0033

To be completed by a physician:

Child's Name: _____ Birthdate: _____

I have examined the above patient, who is free of contagious diseases and able to participate in preschool activities.

Date of last physical exam: _____

Physician Signature: _____ **Date:** _____

Parents must turn in up-to-date Immunization Records or a letter of exemption from the Texas Dept. of State Health Services to the LOTW School Office before attending school.

For children 4 years and older:

Hearing Screening Results: _____

Vision Screening Results: _____

**Required by Texas Dept. of State Health Services for children 4 years and older attending private or public school*