

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

2006-07

Student's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ /Grade \_\_\_\_\_

Teacher \_\_\_\_\_

**VISION and HEARING SCREENING REQUIREMENTS** The Texas Department of Health requires hearing and vision screening for ***ALL 3-year olds, 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**

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

**VISION SCREENING**

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

**IMMUNIZATION RECORD**

VACCINE	DATE	DATE	DATE	DATE	DATE
DTP/DTaP/DT					
HibCV					
Hepatitis A					
Hepatitis B					
Polio					
MMR					
PCV7					
Varicella or Chicken Pox Disease Diagnosed					
TB Test	Date: _____	Result: _____			8th Grade Scoliosis Screening Date _____ Neg _____ Positive _____

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

**Physician's Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(This signature validates both the physical examination performed and immunization information)