

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).

The above mentioned child has been examined by me and found free of infectious or contagious diseases

DPT/DT	_____	_____	_____	_____	_____
Polio (OPV)	_____	_____	_____	_____	_____
Measles/Mumps/Rubella	_____	_____	_____	_____	_____
HibCV	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____
Varicella (Chicken Pox)	_____	_____	_____	_____	_____
Or Chicken Pox Disease (signature required below)*	Date _____				
Hepatitis A	_____	_____	_____	_____	_____
Prevnar	_____	_____	_____	_____	_____
Pneumococcol	_____	_____	_____	_____	_____

Any allergies or special recommendations: _____

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.

* "This is to verify that _____ (Name of Student) had varicella disease (chickenpox) on or about _____ (Date)

and does not need varicella vaccine."

Parent's Signature _____

RETURN TO: DeSoto Private School

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