

Health Form (Aggieland Country School)

Child's name _____ Birthdate _____

Please submit a current copy of your child's immunization record signed or stamped by physician or health personnel.

Allergies or other conditions would affect a child's activities

I have examined the above-named child within the past year and find that he/she is physically able to take part in the school program.

_____ Physician's signature Date

Children 4 years and older also need

	Hearing screening		Vision screening	
	1 st	2 nd	1 st	2 nd
Pass				
Fail				
Signature				
Date				