



Texas Christian School/Texas Christian High School

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K2, K3, K4, & K5 Students: It is mandatory by the State of Texas that all 2, 3, 4, & 5 year olds **MUST** have their physician complete, sign and date this form upon the child entering school.

Examining Physician: It is absolutely necessary that a pre-school child entering Texas Christian School be free of all infection and contagion. Please complete this form and affix your signature. Thank you for your cooperation and attention to this matter.

Child's Name _____ Birthday _____

Home Address _____ City _____ Zip _____

Immunizations

**Please attach a copy of your child's complete immunization records.
All immunizations must be completed by the first date of attendance.**

Surgery record _____

Chronic Conditions _____

Special Care (for special conditions such as allergies, special diet, restrictions on physical activity, specified medications and vitamins, etc.) _____

Childhood diseases:

Has the child ever had the chickenpox Yes, date of the disease ____/____/____
 No, date of the varicella vaccine ____/____/____

Any other childhood diseases _____

Examination Date _____

Is this child able, physically and mentally, to participate in group activities? Yes No If No, please explain _____

Is this child free of infection and contagious disease? Yes No If No, please explain _____

Skin _____ Fever _____ Eyes _____ Throat _____ Scalp _____ Feet _____ Ears _____ Nose _____

Physician's Signature _____

Date _____

"Committed to Excellence"