

HEALTH REQUIREMENTS & PHYSICIAN'S STATEMENT

*All students at The Oaks Adventist Christian School are **REQUIRED** to have a physical examination **BEFORE** school begins. Students wishing to participate in one of the sports programs must also have a "Sports Physical" completed. Be sure to ask your Health Care Provider to complete **BOTH** exams if participating in sports (Grades 5 through 12).*

Student Name	Date of Birth	Age	Blood Type
Known Allergies	TB Test ____ Negative ____ Positive Date:	Spinal Curvature Exam Date	
Family Physician	Address	Phone Number	

ADMISSION REQUIREMENT: ALL students enrolled at The Oaks must have one of the following statements on file **BEFORE** admission is complete!

- HEALTH CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year, and find that he/she is physically able to participate in normal school activities. (This must include vision, hearing, and spinal curvature exams)

Physician's Signature: _____ Date: _____

- A signed and dated copy of a health care professional's statement is attached (This must include vision, hearing, and spinal curvature exams).
- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed, notarized and dated state developed and issued affidavit stating this fact.

HEARING	1000 Hz	2000 Hz	4000 Hz	
RIGHT				Pass Fail
LEFT				Pass Fail

VISION R 20/____ L 20/____ PASS FAIL Signature _____ Date _____

Varicella immunization (Chicken Pox) is NOT required if your child has had the chicken pox disease. If your child has had chicken pox, please complete this statement: *My child had varicella disease (chicken pox) on or about _____ (date) and therefore does not need the varicella vaccine.*

Parent Signature Date

I am excluding my child from the immunization requirements for reasons of conscience, including religious beliefs. **I have attached an official, notarized affidavit form developed and issued by the Texas Department of State Health Services.** I understand this affidavit is valid for two (2) years. I understand that it is my parental responsibility to keep the form updated and on file with The Oaks.

Parent Signature Date

By signing below, I attest that all information contained on this form is true.

Parent Signature Date

A COMPLETE IMMUNIZATION RECORD MUST ACCOMPANY ALL APPLICATIONS FOR ENROLLMENT!