



COMMUNITY MONTESSORI SCHOOL

500 Pleasant Valley Drive, Georgetown, TX 78626
(512)863-7920 • Community-Montessori.org

Physician's Statement

Student's Name: _____ Birthdate: _____

Section A: Statement of Health (Required Annually)

I have examined the student named above within the past year and to the best of my knowledge he/she is in good physical and mental health, free of any communicable diseases, and is able to take part in a school program. By signing below I certify that the above information is true.

Immunization records or a notarized immunization exemption form are also required and must be submitted with this document

_____ Date of Exam

Section B: Vision/Hearing Screening

- 4 Years old by September 1st
- Kindergarten
- 1st, 3rd, 5th, 7th Graders
- 2nd, 4th, 6th, 8th Graders if first-time entrant to school
- None of the above

Texas DSHS requires children who are in one of the above categories to have a vision and hearing test. By signing below, I certify that I have screened the student named above.

_____ Date of Vision Exam

_____ Date of Hearing Exam

Section C: Spinal Screening

- Girl: 10 years old
- Girl: 12 years old
- Boy: 13 or 14 years old
- None of the above

The Texas DSHS requires children who are in one of the above categories to have a spinal screening to detect abnormal spinal curvature. By signing below, I certify that I have screened the student named above.

_____ Date of Spinal Exam

Physician Information

Physician's Signature

(_____) _____
Office Phone Number

Physician's Name (Print)

Office Stamp

Office Address:

