



ANNUAL PHYSICAL FORM IMMUNIZATION RECORDS

*This form, along with your child's immunization record,
must be returned to the school before your child can be admitted.*

PHYSICIAN USE ONLY:

The City of Dallas Health Department, which inspects our school periodically, requires that a Health Form be on file in the school for each student. Please have your child's doctor physician sign this form, confirming that they meet the health requirements to participate in school. In addition to this signed form, please provide a printout of current and up-to-date immunization records.

I certify that _____ is free of infectious and contagious diseases, and is physically and mentally able to participate in group activities.

Hearing Results: _____

Vision Results: _____

Scoliosis Results: _____

Date of Last Physical: _____

Physician's Signature

Date of Signature