

SHELTON STUDENT HEALTH INFORMATION

15720 Hillcrest • Dallas, TX 75248 • 972-774-1772 • FAX 972-991-3977

Required for: ALL New Students and Returning Students in Grades PP, 1, 3, 5 or 7

ALL Shelton Athletes in Grades 6, 7, or 8

This form is to be completed and signed by a physician.

In order to comply with the requirements of the State of Texas Department of Health, it is necessary that immunization records be completed and be on file prior to the first day of class at Shelton School. Your child will not be admitted without an immunization record on file.

Name _____ Date of Birth _____ Grade _____

Home Address _____

Allergies _____

Medical Conditions _____

	Medication	Dosage	Time(s)	Date Prescribed	Date Discontinued
Medications					

	Satisfactory	Needs Attention
Cardiovascular	_____	_____
Neuro	_____	_____
Lungs	_____	_____
GU	_____	_____
Musculoskeletal	_____	_____
HEENT	_____	_____

Vision (Snellen Eye Chart) R 20/ L 20/ With Glasses

Hearing @ 25 dBHL

Hz	500	1000	2000	4000
R				
L				

eight _____ Weight _____ B/P _____

anthosis Nigracans Screen Date & Results _____ Scoliosis Screen Date & Results _____

is patient was examined on _____ and found to be in good health and free of contagious disease. /she may participate in all physical activities.

ceptions: _____

Date: _____ Physician's Signature _____

Address: _____

(Please attach copy of immunization record.)