SHELTON STUDENT HEALTH INFORMATION

17301 Preston Rd • Dallas, TX 75252 • 972-774-1772 Option 6 • FAX 972-408-4139 • **Nurse Email: nurses@shelton.org**

Required for: **ALL New Students and Returning Students in Grades PP, 1, 3, 5, or 7**
ALL Shelton Athletes in Grades 5, 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 and immunization record on file.

Name _____ Date of Birth _____ Grade _____

Home Address _____

Allergies _____

Medical Conditions _____

Medication

Medication	Dosage	Time(s)	Date Prescribed	Date Discontinued

	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				

Height _____ Weight _____ B/P _____

Acanthosis Nigracans Screen Date & Results _____ Scoliosis Screen Date & Results _____

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

Exceptions: _____

Date: _____ Physician's Signature: _____

Address: _____

(Please attach copy of immunization record.)