



HEALTH RECORD

WEE School 1200 9th Street Wichita Falls, Texas 76301 940-723-2764

It is a requirement that all students have a Health Record on file in the school's office.

Please attach a copy of current immunizations.

Child's Name: _____

Date of Birth: _____

Height: _____ Weight: _____

IMMUNIZATIONS

Are all immunizations up to date? Yes _____ No _____

Is there a medical reason why immunizations cannot be given? Yes _____ No _____

If yes, please explain: _____

If no, please indicate reason: _____

*If immunizations are not up to date, it is the responsibility of the parent/ guardian to submit a notarized affidavit.

GENERAL INFORMATION

Does child have any known allergies? _____

Does child have prescribed epi-pen for emergencies? _____

Please list any medications the child is taking of which staff should be aware:

Does child have any special needs of which staff should be aware?

The above patient has been examined by me and found to be free of any contagious diseases and is able to participate in school activities.

Physician Signature: _____ Date Signed: _____

Physician Name (please print): _____

Physician Office Address: _____

Physician Phone Number: _____

HEARING & VISION (4 YEAR OLDS ONLY)

All students enrolled in our 4-year-old class are required to have a hearing and vision screening. Please complete below if student 4 or older.

Vision screening passed on _____(date)

Hearing screening passed on _____(date)

Screeener's Signature: _____

Date Signed: _____