2026 – 2027 Medical Form REQUIRED FOR ADMISSION

Child's Name: _____ Birth Date: _____

Please check only one option:

1. □ HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that they are free from communicable diseases and is able to take part in school.

_____ _____
Health Care Professional's Signature/Stamp: Date

_____ _____
Address Phone

2. □ A signed and dated copy of a health care professional's statement is attached
3. □ A medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
4. □ My child has been examined within the past year by a health care professional and is able to participate in the preschool program. **I will provide a health care professional's signed statement and submit it to the CHUMS office on or before the first day that my child is in attendance.**

Immunization Record

□ I have provided the school with a copy of my child's most current immunization record.
For additional information contact the Department of State Health Services at
www.dshs.state.tx.us/immunize/public.shtm

A vision and hearing screening, completed by your physician, is required to be provided if your child will be 4 or older by September 1, 2026.

VISION Screening	R 20/ _____	L 20/ _____	□Pass □ Fail

HEARING	1000 Hz	2000 Hz	4000 Hz	□ Pass □ Fail
Right				
Left				

Health Care Professional's Signature/Stamp:_____Date:_____

_____ _____
Child's Name (please print) Parent's Name (please print)

_____ _____
Signature of Parent or Legal Guardian Date