

2025-2026

MEDICAL FORM/ STATEMENT OF HEALTH

13333 Southwest Freeway
Sugar Land, TX 77478
281-242-6742
281-242-0320(fax)
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Child's Name: _____ Birthdate: _____ Class: _____

The following health information, required by the state of Texas' Health Department Child Care licensing, must be on file for your child to attend SCBC Weekday Preschool.

#1. STATEMENT OF HEALTH: submit **either** of the following (**A** or **B**)

A. Physician's Statement—The above-named child has been examined by me within the past year and found to be in good health. He/she may attend preschool and participate in all activities.

Physician's Signature: _____

Physician's Name and Address: _____

Date: _____

B. A signed and dated copy of a healthcare professional's own health statement.

#2. IMMUNIZATION RECORD:

Submit a copy of your child's most current immunization record, verifying your child is up to date on required vaccines or a notarized, state-issued affidavit.

3. VISION/HEARING SCREENING RESULTS: (required for children in 4 year old program only)

VISION

Right 20/ _____ Left 20/ _____ ☐ Fail ☐ Pass

Screener signature: _____ Date: _____

HEARING 100 Hz 200Hz 400Hz

Right _____ ☐ Fail ☐ Pass

Left _____

Screener signature: _____ Date: _____

ADDITIONAL HEALTH INFORMATION FROM PARENTS/GUARDIANS:

Does your child have any ongoing health issues? Recent hospitalizations/surgeries?

Have you detected any difficulties in your child's Hearing? _____ Vision? _____ Speech? _____ Other? _____

Has your child received early intervention, testing, or therapy such as speech, physical, and/or occupational? If so, please elaborate on services received. You may attach an additional page or continue on back if needed.
