

2026-2027

# MEDICAL FORM/ STATEMENT OF HEALTH

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submit to: [preschooldocuments@sugarcreek.net](mailto:preschooldocuments@sugarcreek.net)

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

Screeener signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### HEARING 100 Hz 200Hz 400Hz

Right \_\_\_\_\_  Fail  Pass

Left \_\_\_\_\_

Screeener signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ADDITIONAL HEALTH INFORMATION FROM PARENTS/GUARDIANS:

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

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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.

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