



3379 Gattis School Rd. Round Rock, TX 78664
Phone: (512)255-5265 Fax: (512)255-8469

Child's Health Record

Child's Name _____ Date of Birth _____

Present Age _____ Height _____ Weight _____ Male Female

*Varicella (Chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the following statement: My child had varicella disease on or about (date) _____ and does not need varicella vaccine.

(Parent signature)

(Date)

Texas Department of Human Resources Admission Requirement:

When your child is admitted to our program, this form must be completed, signed and returned with your child's current immunization record before your child can attend.

This section to be completed by physician
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Is the child free from communicable disease? Yes No

Is the child able to participate in group care? Yes No

List any medications and drugs taken regularly by the child _____

Other special physical conditions: _____

Doctor's Statement: I have examined the above named child within the past year and find that he/she is physically able to participate in The Fellowship Christian Academy.

Physician's Signature: _____

Address: _____

Phone: _____ Date: _____

The Fellowship Christian Academy

3379 Gattis School Rd.
Round Rock, TX 78664

Phone: 255-5265

Fax: 255-8469

Child's name _____ Birthdate _____

Present Age _____ Height _____ Weight _____ Male Female

Special Senses Screen Record

Visual acuity and hearing sensitivity screening are required for four-year-olds and up enrolled in school. Re-screening is only required if an abnormality was noted on the first screening. Speech screening is optional, not required. *These services are not provided by Fellowship Christian Academy.*

Hearing Screening:

1st

2nd

at 25 dB	R	L
500 Hz		
1000 Hz		
2000 Hz		
4000 Hz		

at 25 dB	R	L
500 Hz		
1000 Hz		
2000 Hz		
4000 Hz		

Pass Fail
Re-Screen

Sign _____
Date _____

Pass Fail
Refer

Sign _____
Date _____

Vision Screening:

1st

2nd

Distance
Acuity: R-20/ _____ L-20/ _____

R-20/ _____ L-20/ _____

Pass Fail
Re-screen

Pass Fail
Refer

Sign _____
Date _____

Sign _____
Date _____

Texas Department of Human Resources Admission Requirement:

When your child is admitted to our program, this must be signed and returned before your child can attend.

Doctor's Statement: I have examined the above named child within the past year and find that he/she is physically able to participate at The Fellowship Christian Academy.

Physician's Signature: _____

Address: _____

Phone: _____ Date: _____