



HEALTH STATEMENT

All students must have a current Health Statement on file in the school office EACH school year. Please complete the top portion of this form and submit it to your child's physician for completion. This form must be received in the LCA Admissions office by the first day of class and is valid for 1 year from the date of signature.

Child's Name: _____

Date of Birth: _____

Parents Name (s): _____

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.

Date of last physical exam: _____

PLEASE COMPLETE VISION AND HEARING SCREENS FOR CHILDREN 4 AND OVER

*Record results of screenings below:

Vision screening was normal _____

Hearing screening was normal _____

Physician Name: _____

Physician signature: _____

Date signed: _____

A COPY OF YOUR CHILDS UP-TO-DATE IMMUNIZATION RECORD **MUST BE INCLUDED WITH THIS STATEMENT.**