



The Magellan International School
El Colegio Internacional Magallanes
麦哲伦国际学校

Annual Health Documentation

Student Name: _____ Grade: _____ Academic Year: _____

Date of Last Wellness Check-Up: _____

Wellness Statement

Please initial the type of documentation you wish to provide to verify your child's wellness and ability to attend school.

1. _____ HEALTHCARE PROFESSIONAL'S WELLNESS STATEMENT: I have examined the above named child within the past year and find that he/she is physically able to take part in the school program.

Healthcare Professional Signature

Date

Healthcare Professional Printed Name

Healthcare Professional Address

Healthcare Professional Telephone Number

2. _____ My child has been examined within the past 12 months by a healthcare professional. A signed and dated copy of the healthcare professional's statement is attached (**including Dr. signature, physician's address, child's full name and child's date of birth**). I will provide an updated wellness statement after my child's next examination.

Immunization Records

Please provide a current record of your child's immunizations. Please initial the type of documentation you wish to provide. For more information regarding State of Texas Immunization Requirements, visit <http://www.dshs.state.tx.us/immunize/>

_____ I have attached current and up to date immunization records for my child.

_____ I am **excluding** or **delaying** my child from the immunization requirements for reasons of conscience. I have attached an official original notarized affidavit form (not a copy) developed and issued by the Department of State Health Services. I understand this affidavit is valid for **two years**. <http://www.dshs.state.tx.us/immunize/school/default.shtm#exclusions>

Varicella (Chickenpox) Vaccine

Children in all grades are required to have one dose of varicella vaccine (chicken pox) on or after their first birthday. Children who have had the disease are not required to have the vaccine, but must show proof of having had the disease.

The Texas Department of State Health Services requires that all schools record the existence of:

- Any statements confirming Varicella illness **OR**
- A copy of any blood tests proving Varicella immunity

If your child has had the disease Varicella (chicken pox), please initial that the statement that applies below.

_____ This is to verify that my child had the Varicella disease (chicken pox) on or about _____ and does not need Varicella vaccine.
(Date)

_____ I have attached a copy (including date and physician or lab) of the blood test confirming Varicella immunity.

Parent/Guardian Signature

Date

Spinal Screening

Texas Civil Statutes require proof of scoliosis screening for students in grades 5 and 8. **Scoliosis Screening is available to any interested student above 4th grade.**

Please initial the statement that applies:

_____ I have attached a copy of the results of the Spinal Screening for my child if applicable.

_____ I choose to have the screening done on campus at the start of the school year by a licensed spinal screener who will provide a consent form. Screening will be at parent's expense.

Vision and Hearing Screening

The Special Senses and Communication Disorders Act requires that all schools show proof that vision and hearing tests have been performed on students in grades Pre-K, K, 1, 3, 5 and 7, as well as any new students.

Please initial the statement that applies:

_____ I have attached an updated copy of the results of my child's Vision and Hearing Screening.

_____ I choose to have the screening done on campus at the start of the school year by a licensed vision and hearing screener who will provide a consent form. Screening will be at parent's expense.