

Certificate of Health

Meadows Preschool @ Willow Meadows Baptist Church

4300 W. Bellfort, Houston, TX 77035 * 713.255.7025

This form is to be **updated each birthday**

Child's Information (please **PRINT** neatly)

Child's Name _____ Male / Female

Date of Birth ___/___/___ Religious Affiliation _____

Special Information _____

Allergies Requiring Emergency Treatment _____

An Allergy Emergency Plan, from your Pediatrician, must accompany the EPI Pen.

Pediatrician's Information (to be completed by doctor/staff)

*The following information must be provided for all students.
Updates on your child's immunization record must be kept current.*

This is to certify that _____ was seen in this office on ___/___/___ and was found in good health and free from any communicable diseases and is free to participate in preschool activities.

For **children 4 years and older**: a vision and hearing screening was also performed at the time of the visit. The results are as follows:

Vision: Right ___/___ Left ___/___

Hearing: 40dbHL Right ___ ___ ___ ___ 40dbHL ___ ___ ___ ___
500 1000 2000 4000 500 1000 2000 4000

Pediatrician's Signature _____ **Date** ___/___/___

**A current immunization record must accompany this form.
Please bring a copy that can be kept in the preschool office on each birthday.**

Return to: Cyndi Wehmeyer – (FAX) 713-723-3643