



St. Matthew
CATHOLIC SCHOOL
Excellence in learning, living and serving

Applicant's Name _____

Applying For Grade: _____

Entering in August 20 _____

Date of Birth: _____ / _____ / _____
 Month Day Year

HEALTH FORM

• The Archdiocese of San Antonio is not accepting affidavits/exemptions for the reasons of conscience, including a religious belief.

• Immunization requirements: Students must be in compliance with all required immunizations as set forth by the Texas Department of State Health Services, Immunization Division. www.immunizetexas.com

• Children will be screened as set forth by the Texas Department of State Health Services for hearing, vision, scoliosis and Acanthosis nigricans. The school will follow the required screening schedule.

Physician: _____ Phone: _____

Hospital Preference: _____

Dentist: _____ Phone: _____

Condition	Moderate	Severe	Comments
Allergy - Drug/Other			
St. Matthew Catholic School is NOT a peanut-free school			
Asthma			

Condition	Comments
Accident - Serious	
Blood Disorder	
Cardiac Disease/Problem	
Chicken Pox (date required)	
Congenital Deformity	
Diabetes	
Hypertension	
Illness - Serious	
Scarlet Fever	
Neurological Disorder	
Otitis Media (Ear Infection)	
Rheumatic Fever	
Seizure Disorder (Epilepsy) **	
Surgery ** Serious	
TB Contact	
Urinary Problems	
Vision Loss	
INJURIES	
Head**	
Neck**	

**Details needed, please use COMMENTS section

List all prescription, over-the-counter, and herbal medications that your child takes regularly: (The school nurse must be notified of any medications that the student is taking). _____

Parent/Guardian Signature: _____ Date: _____