



## Physician's Statement and Vaccination Record

Child's Name \_\_\_\_\_

Please have your physician fill out this form and submit a copy of your child's vaccination record. If you have decided not to have your child vaccinated because of reasons of consciousness, we need a notarized affidavit stating so. Refer to the Texas Department of State Health Services for guidelines.

### PHYSICIAN'S STATEMENT

I have examined the child named on this form and find that he / she  IS  IS NOT able to participate in this school program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

**Please attach a photo copy of the child's vaccination record to this physician's statement.  
May be faxed to: 210-226-2103  
Attention School**