



@Victory Church  
7235 S State Highway 34  
Scurry, Texas 75158  
469-478-3753  
fax 972-452-3759  
kingdomkids@victorychurch.ch

### Doctor's Statement Form

Date : \_\_\_\_\_

\_\_\_\_\_ (Child's Name), \_\_\_\_\_ (Date of Birth)

is a patient of \_\_\_\_\_.

Examination date \_\_\_\_\_

He/She has been examined within the last year and is eligible to attend school/daycare.

Please complete for children 4 years and older.

Hearing and Vision Screening performed?      YES              NO

Hearing: Right Ear \_\_\_\_\_

Left Ear \_\_\_\_\_

Vision: Right Eye \_\_\_\_\_

Left Eye \_\_\_\_\_

Notes:

---

---

---

Physician's Signature

Date

\_\_\_\_\_

\_\_\_\_\_