

VICTORY PREPARATORY

@ Victory Church, 7235 S. State Highway 34, Scurry Texas 75158

Phone 469-478-3753 Fax 972-452-3759

Doctor 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 daycare or school:

Please complete section below for children 4 years of age or older.

Hearing and Vision Screening performed YES No

Hearing:

Right Ear _____

Left Ear _____

Vision:

Right eye _____

Left eye _____

Notes:

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Physicians Signature: _____ Date: _____