FCA Health Form
2026-2027 School Year

925 Golden Oaks Rd, Georgetown, Texas 78628
(512) 864-7713

PLEASE PRINT WITH BLUE OR BLACK INK

STUDENT'S NAME:

First _____ Last _____ Middle _____

Birthdate: _____ / _____ / _____

Parent/Guardian Printed Name _____ Parent/Guardian Signature _____

Physician's Name: _____ Telephone Number: _____

Physician's Address: _____

1. **HEARING AND VISION SCREENING.** If your child is 4 or over by September 1, the State of Texas requires that each child be given hearing and vision screenings – with the results in numeric form. Parents have the option of asking a private physician or health professional perform the testing.

HZ	1000	2000	4000
Right Ear:			
Left Ear:			

Pass: _____ Fail: _____

Right Eye:	20/	Left Eye:	20/

Pass: _____ Fail: _____

2. **SPINAL SCREENING.** Texas State Law requires spinal screening for 5th and 8th grade students. As a part of this student's physical, please include an exam for spinal disorders, including scoliosis, kyphosis, and lordosis.

_____ Spinal Exam, including forward bend test, within normal limits

_____ Follow-up indicated

COMMENTS/RECOMMENDATIONS/RESTRICTIONS FOR THE SCHOOL SETTING:

_____

_____

_____

_____

Physician's Signature: _____ Date: _____