



**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](http://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			
<b>St. Matthew Catholic School is NOT a peanut-free school</b>			
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: \_\_\_\_\_