Grapevine Christian School
TEACH • LOVE • INSPIRE

HEALTH-CARE PROFESSIONAL STATEMENT

Child's Full Name	Child's Date of Birth	Child's Home Telephone No.

I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

_____ _____
Health Care Professional's Signature Date

Name and address of health care professional:

VISION	R 20/ _____	L 20/ _____	☐ PASS ☐ FAIL
SIGNATURE _____		DATE _____	

HEARING	**1000 Hz**	**2000 Hz**	**4000 Hz**	☐ PASS ☐ FAIL
R				
L				
SIGNATURE _____		DATE _____		

Hearing and Vision is to be completed for students' ages four years and above. If this area is not completed, GCS will test students during the school year.

_____ _____
Signature – Parent or Legal Guardian Date