



# Learning Time Station

2301 Mesquite Valley Rd  
 Mesquite TX 75149  
 Phone (972) 222-9400  
 Fax (972) 222-0871

## MEDICAL ADMISSION REQUIREMENT

NAME OF CHILD: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

One of the following must be presented when your child (under the age of 5 years) is admitted to Learning Time Station or within one week of admission.

Check to indicate the option you select.

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

\_\_\_\_\_  
 Signature of Physician Date

\_\_\_\_ A copy of the medical screen form of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, if no referral for further diagnosis and treatment is indicated.

\_\_\_\_ A form or written statement from a health service of clinic.

If you do not have any of the above:

\_\_\_\_ PARENT(S) STATEMENT: My child has been examined within the past year by a licensed physician and is able to participate in Learning Time Station programs.

\_\_\_\_\_  
 Name and address of Physician OR address of EPSDT Screening Site

\_\_\_\_ Within the next 12 months, I will obtain a physician's statement, a copy of the medical screening form from the EPSDT Program, or a form or statement from a health service or clinic and will submit it to Learning Time Station, OR

\_\_\_\_ My child has an appointment for a physical examination on:

\_\_\_\_\_  
 Date Site Name and address of Physician or address of EPSDT Screening

I will submit the physician's statement, EPSDT form, or health service or clinic form to Learning Time Station following the examination.

\_\_\_\_\_  
 Signature (Parent or Legal Guardian) Phone

|         |        |            |      |   |
|---------|--------|------------|------|---|
| Hearing | Date:  | Signature: |      |   |
| Hz      | 1000   | 2000       | 4000 | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| R       |        |            |      |   |
| L       |        |            |      |   |
| Vision  | Date:  | Signature: |      |   |
| R: 20/  | L: 20/ |            |      | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |