

HEALTH REQUIREMENTS

Name of Child:	Date of Birth:

Age Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:
-----------------------	-----------------------------------	-----------------------------------	-------

Signature or stamp of a physician or public health personnel verifying immunization information above.

_____	_____
Signature	Date

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

_____	_____
Parent's signature	Date

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at
www.dshs.state.tx.us/immunize/public.shtm

_____	_____
Signature – Parent or Legal Guardian	Date

SCHOOL AGE CHILDREN:
 My child attends the following school:

 Name of School and Address

 School Ph.#
CHECK ALL THAT APPLY:
 His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

 My child has permission to:
 walk to or from school or home,
 ride a bus, and/or
 be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:
 I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

 1. **HEALTH-CARE PROFESSIONAL'S STATEMENT:** 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

 2. A signed and dated copy of a health care professional's statement is attached.

 3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

 4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional: _____

 Signature - Parent or Legal Guardian

 Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____	DATE _____		
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
SIGNATURE _____	DATE _____		

 Signature - Parent or Legal Guardian

 Date