

ADMISSION INFORMATION

| HEALTH REQUIREMENTS | | | | | |
|--|-----------------------------------|-----------------------------------|--------------------|----------------------|----------------|
| Name of Child: _____ | | | | Date of Birth: _____ | |
| IMMUNIZATIONS | Date / dose 1 | Date / dose 2 | Date / dose 3 | Date / dose 4 | Date / booster |
| Hepatitis B | | | | | |
| DTP / DTaP / DT | | | | | |
| Hib | | | | | |
| POLIO IPV or OPV | | | | | |
| MEASLES | | | | | |
| MUMPS | | | | | |
| RUBELLA Varicella (see below) | | | | | |
| Pneumococcal Conjugate Vaccine | | | | | |
| Hepatitis A | | | | | |
| 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 |
| <input type="checkbox"/> 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 http://www.dshs.state.tx.us/immunize/school_info.htm | | | | | |

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:

- HEALTH-CARE PROFESSIONAL'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.

 Health Care Professional's Signature

 Date
- A signed and dated copy of a health care professional's statement is attached.
- 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.
- 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 | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| R | | | | |
| L | | | | |
| SIGNATURE _____ | | DATE _____ | | |

Signature - Parent or Legal Guardian

Date