

ADMISSION INFORMATION

Name of Child				Date of Birth	
IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / dose 5
DTP / DTaP / DT					
POLIO IPV or OPV					
MEASLES Rubeola / Serampion					
RUBELLA					
Hib					
Hepatitis A					
Hepatitis B					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:		
Varicella (see below)					

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

 Signature - Parent or Legal Guardian _____
 Date

Signature of Health Care Professional _____
 For additional information regarding immunizations contact the Department of State Health Services at
www.dshs.state.tx.us/immunize/school_info.htm _____
 Date

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 psat year and find that he/she is physically 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 profesional's statement is attached.
3. PARENT'S STATEMENT: 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
4. 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.

VISION	R 20/	L 20/	<input type="checkbox"/> pass <input type="checkbox"/> fail
Signature			Date
HEARING	1000 Hz	2000 Hz	<input type="checkbox"/> pass <input type="checkbox"/> fail
R			
L			
Signature			Date

Signature - Parent or Legal Guardian

Date