

STUDENT HEALTH RECORD

Licensing Requires:

- 1) A copy of the Child's complete immunization record by the date of admission.
(First Day of School)
- 2) All 4 year olds must have a Hearing and Vision Screening by your doctor OR screenings offered at school in September.
- 3) Signed Doctor's Health Statement. **Doctor signs statement below. See #3.

Child's Name _____ Birthdate _____

Parent Signature _____

1) COMPLETE IMMUNIZATION RECORD

Attach Record to this page.

**This is to verify that this child had:

Chickenpox on or about _____ and does not need Varicella vaccine.

Measles on or about _____ Mumps on or about _____.

2) HEARING AND VISION for 4 YEAR OLDS

Hearing Test Date: _____ Results: _____

Vision Test Date: _____ Results: _____

REQUIRED Signature (or stamp) of Physician or Health Personnel

Date

3) SIGNED DOCTOR'S HEALTH STATEMENT

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

Date child's last physical: _____

or Date child was last examined

(sick visit or recheck): _____

Doctor's Name _____ Doctor's Address _____

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REQUIRED Physician's Signature

Date

NOTE: IF medical diagnosis and treatment and/or immunization and TB Testing conflict with your religious beliefs, you must sign a state of Texas affidavit to that effect and attach it to this form.

1/2017