Education Station

Academy

712 Main St.
Lavon, Texas 75166
972-843-2229

Health Requirements

Name of Child: _____ **Date of Birth:** _____

IMMUNIZATIONS	Date/Dose 1	Date/Dose 2	Date/Dose 3	Date/Dose 4	Date/Booster
DPT / DTaP / DT					
POLO IPV or OPV					
MEASLES					
MUMPS					
RUBELLA					
Varicella (see below)					
Pneumococcal Conjgate Vaccine					
Hepititus B					
Hib					
T.B. TEST (if required)	[ ] Positive	[ ] Negative	Date:		

Signature-Physician or Health Personnel _____ Date _____ Signature - Staff Making Handwritten Copy of Record _____

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) _____.

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

[ ] A copy of the medical screening form of the Early Periodic Screening, diagnosis, and Treatment(EPSDT) Program, if no referral for further diagnosis and treatmnet is indicated.

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

Physician's Signature _____ Date _____

NOTE: If medical treatment, TB testing and/or immunization conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization and/or TB testing would be injurious to your child or family, you must obtain a certifificate (signed by a physician) to that effect and attach it to this form.

My child's shot record is on file at _____ elementary school.

For additional information regarding immunizations contact the Department of State Health Services at :
http://www.dshs.state.tx.us/immunize/school_info.htm