

HEALTH REQUIREMENTS

Name of Child: _____ Date of Birth: _____

IMMUNIZATION RECORD:

- ☐ I have provided the childcare operation with a copy of my child's most current immunization record
- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

Vaccine	Birth	1 Month	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	19-23 Months	2-3 Years	4-6 Years
HepB	HepB	HepB			HepB						
RV			RV	RV	RV						
DTaP			DTaP	DTaP	DTaP		DTaP				DTaP
Hib			Hib	Hib	Hib	Hib					
PCV13 PCV15			PCV	PCV	PCV	PCV					
IPV			IPV	IPV	IPV						IPV
Covid-19					Covid-19						
Flu					Flu (1 or 2 doses yearly)						
MMR						MMR					MMR
Vericella						Vericella					Vericella
Hep-A						HepA		HepA			

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 or she is able to take part in the day care program.
- _____
Signature – Health Care Professional
- _____
Date Signed
- ☐ 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 submit it to the child care operation.

Name and address of health care professional: _____

Signature – Parent or Legal Guardian

Date Signed

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