

HEALTH FORM: Must be submitted before first day of attendance, and then annually, during the month of the child's birthday.



Child's Name	Birthdate
Parent Name	

STATEMENT OF EXAMINATION: This child was examined by me on _____ and found to be physically able to participate in a nursery school program.

Physician's Signature _____ Date of Signature _____

Print Name of Physician, Address, Phone # _____

This chart summarizes the vaccine requirements by the Texas Department of State Health Services. The requirements for Acorn age children are that they have the following doses by the listed age. Please attach immunization records, showing adherence to the required schedule.								
Age vaccine administered to be in compliance:	Texas Minimum State Vaccine Requirements Minimum Number of Doses Required of Each Vaccine							
	DTaP	Polio	HepB	Hib	PCV	MMR	Varicella	HepA
By 25 months	4 Doses	3 Doses	3 Doses	3 Doses	4 Doses	1 Dose	1 Dose	1 Dose
By 43 months	4 Doses	3 Doses	3 Doses	3 Doses	4 Doses	1 Dose	1 Dose	2 Doses
Allergies: Foods			Pollens			Animals		
Allergies: Medicines/Others								
Previous serious illnesses and/or injuries:								
Hospitalizations during the last 12 mo.								
Any medications prescribed for long-term, continual use:								
Special physical conditions, restrictions, or needs:								

HEARING/VISION SCREENING: Texas law requires that all children 4 years of age or older have proof of an ANNUAL vision & Hearing screening.

Date:	VISION	R 20/ _____	L 20/ _____	PASS	FAIL
Date:	HEARING	1000 Hz	2000 Hz	4000 Hz	
	R				PASS FAIL
	L				PASS FAIL

Please check one:

- I have attached my child's vaccination schedule, reflecting the dosages required by the Texas State Department of Health.
- I have attached my child's vaccination schedule, on a deferred schedule over a longer period of time, rather than the recommended schedule.
- 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