



School for Little Children
400 N. Fredonia Longview, TX 75601

Child's Name _____

Date of Birth _____

IMMUNIZATION RECORD

HEP B	_____	_____	_____		
	Birth	2 mo.	6 mo.-18 mo.		
DPT/DTaP/DT	_____	_____	_____	_____	_____
	2 mo.	4 mo.	6 mo.	15-18 mo.	4-6 yrs
POLIO /IPV	_____	_____	_____	_____	
	2 mo.	4 mo.	6 mo.	4-6 yrs	
HIB	_____	_____	_____		
	2 mo.	4 mo.	12 mo.		
PCV7/PREVNAR/PCV13	_____	_____	_____	_____	
	2 mo.	4 mo.	6 mo.	12 mo.	
ROTAVIRUS	_____	_____	_____		
RV1 2 dose / RV5 3 dose	2 mo.	4 mo.	6 mo.		
MMR	_____	_____			
	12 mo.	4-6 yrs.			
VARICELLA	_____	_____			
	12 mo.	4-6 yrs.			
HEP A	_____	_____			
	12 mo.-24 mo.	2-3.5 yrs.			

SPECIAL CONDITIONS **NONE**

Please list any special medical conditions, allergies or maintenance medications. All allergies with the exception of seasonal allergies will need an allergy action plan filled out. _____

PHYSICIAN'S STATEMENT OF HEALTH

I have examined this child within the past year and have been found to be physically and mentally able to participate in the school program.

PHYSICIAN'S SIGNATURE _____ **DATE** _____

VISION & HEARING SCREENING RECORD

Screening for visual and hearing abnormalities is required of all four-year-olds and kindergarteners enrolled in any Texas public or private school. Rescreening is required only if an abnormality is noted on the first screening. If your child will be four years or older as of September 1, this section must be completed.

<u>Vision Screening</u>	
Distance	1 st Distance 2 nd
Acuity: R-20/___ L-20/___	Acuity: R-20___ L/20
___ Pass	___ Pass
___ Fail	___ Fail
_____ Date	_____ Date
_____ Signature	_____ Signature
Being Referred to: _____	

<u>Hearing Screening</u>	
At 25dB R	At 25dB L
1000 Hz _____	1000 Hz _____
2000 Hz _____	2000 Hz _____
4000 Hz _____	4000 Hz _____
___ Pass	___ Pass
___ Fail	___ Fail
_____ Date	_____ Date
_____ Signature	_____ Signature
Being Referred to: _____	

SCHOOL AGE CHILDREN:

- My child attends the following school:

Name of School and Address

School Ph#

- His/Her immunization record is on file at the school and all required immunizations are current. Vision and Hearing screening records are also on file.

IMMUNIZATION RECORD:

- I have provided the childcare operation with a copy of my child’s most current immunization 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 (chickenpox) on or about (date) _____ and does not need the varicella vaccine

- I am excluding my child from the immunization requirements for reasons conscience, including a religious belief. I have attached an official notarized affidavit from developed and issued by the Department of State Health Services. I understand the affidavit is valid for only 2 years.

Each child enrolled or admitted to the school must meet and continue to meet applicable immunization requirements specified by the Texas Department of State Health Services (DSHS). You must maintain current immunization records for your child(ren) including any exemptions. For additional information regarding immunizations contact the Department of State Health Services at www.dshs.state.tx.us/immunize/public.shtm.

ADMISSION REQUIREMENT: *The school must have one of the following when your child is admitted to the school or within one week of admission.*

PHYSICIANS STATEMENT OF HEALTH

- A signed and dated copy of a physician’s statement of health is attached and the child was examined within the past year.
- My child has been examined within the past year by a health care professional and is able to participate in the school program. I will obtain a signed physicians statement and will submit it to the school within one week of the first day of school.

Health status information is critical to ensuring that the individual needs of children are met, while protecting the health and safety of all children in care.

Signature – Parent or Legal Guardian

Date