

SAINT MARTIN'S LUTHERAN PRESCHOOL

HEALTH REQUIREMENTS

Name of Child: _____

Date of Birth: _____

CURRENT IMMUNIZATION RECORDS

Signature or stamp of a physician or public health personnel verifying immunization information above. _____

Signature

Date

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) _____ and does not need varicella vaccine.

Parent's signature

Date

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.

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

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 / she is physically able to take part in the day care program.**

Health Care Professional's Signature

Date

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.

Name and address of health care professional: _____

VISION

R 20/ _____

L 20/ _____

PASS FAIL

SIGNATURE _____

DATE _____

HEARING

1000 Hz

2000 Hz

4000 Hz

R

L

PASS FAIL

SIGNATURE _____

DATE _____

Initial _____