

2018-2019 HEALTH STATEMENT and IMMUNIZATIONS

Health status information is critical to ensuring that the individual needs of children are met, while

HEALTH STATEMENT EQUIREMENT

| protecting the health and safety of all children in care. Protective Services requires a written statement from a phy physical exam within the past 12 months and is able to tak Christian Academy. | sician indicating the child had a complete |
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| contagious and communicable disease and is physically ab | (Please print child's name), is free from ple to participate in the school program. |
| Date of last physical exam | _ Child's birth date |
| Physician's Signature | _ Date |

This form <u>must</u> be completed prior to attendance in the program.

IMMUNIZATION REQUIREMENTS

Day One Christian Academy follows immunization requirements as specified by the Texas Department of State Health Services. A written and dated statement that the child is immunized; specifying the type, number of doses, and dates given must be submitted as required by law. Dates of tests for tuberculosis, with results (positive or negative), must also be given.

| VACCINES | 0-2 months | By 3 months | By 5 months | By 7 months | By 16 months | By 19 months | By 25 months | By 43 months |
|-----------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | DATE |
| НерВ | 1 st Dose | | 2 nd Dose | | | 3 rd Dose | | |
| DTaP | | 1 st Dose | 2 nd Dose | 3 rd Dose | | 4 th Dose | | |
| Hib | | 1 st Dose | 2 nd Dose | | 3 rd Dose | | | |
| IPV | | 1 st Dose | 2 nd Dose | | | 3 rd Dose | | |
| PVC | | 1 st Dose | 2 nd Dose | 3 rd Dose | 4 th Dose | | | |
| RV | | 1 st Dose | 2 nd Dose | 3 rd Dose | | | | |
| MMR | | | | | 1 st Dose | | | |
| Varicella | | | | | 1 st Dose | | | |
| НерА | | | | | | | 1 st Dose | 2 nd Dose |
| Influenza | | | | | | | | |
| TB Test | | | | | | | | |
| Other: | | | | | | | | |
| Other: | | | | | | | | |