

Medical Information

All children must be up-to-date on their immunizations to be eligible to attend school. In order to comply with state requirements, a current copy of your child's immunization record signed by the physician or a health professional must be on file at Holy Spirit Episcopal Church and School. It is required by the State of Texas that each child must have been seen by a physician within the last 12 months to assess the health of the child.

Child's Name: _____

DOB: _____

STATE REQUIRED IMMUNIZATION DOSES	DTaP	POLIO	HepB	HIB	PCV	MMR	VARICELLA (see below)	HepA
By Age 25 Months	4 doses	3 doses	3 doses	3 doses **	4 doses ***	1 dose *	1 dose *	1 dose *
By Age 43 Months	4 doses	3 doses	3 doses	3 doses **	4 doses ***	1 dose *	1 dose *	2 doses *
Kindergarten	5 doses	3 doses	3 doses	3 doses **	4 doses ***	2 doses *	2 doses *	2 doses *

* For MMR, Varicella, and Hepatitis A vaccines, the first dose must be given on or after the first birthday

** A complete Hib series is two doses plus a booster dose on or after 12 months of age (three doses total.) If a child receives the first dose of Hib vaccine at 12-14 months of age, only one additional dose is required (two doses total.) Any child who has received a single dose of Hib vaccine on or after 15 months of age is in compliance with these specified vaccine requirements

*** If the PCV series is started when a child is seven months of age or older or the child is delinquent in the series, then all four doses may not be required. Children 24 months through 59 months meet the requirement if they have at least three doses with one dose on or after 12 months of age, or two doses with both doses on or after 12 months of age, or one dose on or after 24 months of age. Otherwise, one additional dose is required

Healthcare Professional Statement:

This child was examined by me on _____ (date) and found to be free of all contagious diseases and is physically able, with the exceptions noted, to participate in Holy Spirit Episcopal School.

FOR 4 AND 5 YEAR OLDS ONLY:

Attached is the physician signed detailed vision screening required by the state of Texas to be on file with this form at Holy Spirit Episcopal Church and School.

ALLERGIES AND/OR SPECIAL MEDICAL RECOMMENDATIONS OR ORDERS:

A complete allergy emergency or action plan must be provided, if applicable.

Signature - Physician or Health Personnel

Date

CHECK ONE OPTION ONLY:

If medical diagnosis and treatment and/or immunization conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization would be injurious to your child or family you must obtain a certificate (signed by a physician) to that effect and attach it to this form.

A signed and dated copy of a health care professional's statement is attached.

My child has been examined within the past year by a health care professional and is able to participate in the program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

VARICELLA

Varicella (chicken pox) vaccine is not required if your child has had chicken pox disease. If your child has had chicken pox, please complete the statement: My child had varicella disease (chicken pox) on or about (date) _____ and does not need varicella vaccine.

Parent / Guardian Signature

Date