

Health Care Statement

Required Annually by Texas Department of Family and Protective Services



Student's Name _____ Date of Birth: _____

has been examined by me and found to be free of all contagious diseases and is physically able to participate in all school activities.
Restrictions and recommendations (if any): _____

Date of Exam: _____ Height: _____ Weight: _____

CHECK ONE:

- DOES NOT have any Food Allergies
- DOES have the following Food Allergies:

List Food Allergies: _____

Symptoms if exposed to allergen: _____

Steps to take if child has an allergic reaction: _____

Physician's Signature

Date

Physician's Address & Phone Number

Parent or Guardian Signature

Hearing and Vision Screening

(As required by TX State Law, all children who are 4 years old as of September 1st of the current year)

	1000 Hz	2000 Hz	4000 Hz	
Right				Pass: _____ Fail: _____
Left				

Right Eye	20 / _____	Left Eye	20 / _____	Pass: _____ Fail: _____
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Health Requirements

Required by Texas Dept. Family and Protective Services
For the 2017 -2018 School Year



VACCINE INFORMATION

The following vaccines require multiple doses over time. Please provide the date your child received *each* dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose) 1–2 months (second dose) 6–18 months (third dose)	
Rotavirus	2 months (first dose) 4 months (second dose) 6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose) 4 months (second dose) 6 months (third dose) 15–18 months (fourth dose) 4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose) 4 months (second dose) 6 months (third dose) 12–15 months (fourth dose)	
Pneumococcal	2 months (first dose) 4 months (second dose) 6 months (third dose) 12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose) 4 months (second dose) 6–18 months (third dose) 4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose) 4–6 years (second dose)	
Varicella	12–15 months (first dose) 4–6 years (second dose)	
Hepatitis A	12–23 months (first dose) The second dose should be given 6 to 18 months after the first dose.	

Signature-Parent or Guardian

Date