

STUDENT HEALTH RECORD

Child's Name _____ Birthdate _____

Licensing Requires:

- 1) A copy of the Child's complete immunization record by the date of admission.
(First Day of School) NOTE: Effective Aug 1, 2017 – Policy of Archdiocese Galveston Houston requires all children to be immunized against vaccine preventable diseases. Full Policy is on Health Requirements page and in the Parent Handbook.
- 2) All 4 year olds must have a Hearing and Vision Screening by your doctor
- 3) Signed Doctor's Health Statement. **Doctor signs statement below. See #3.

1) COMPLETE IMMUNIZATION RECORD

Attach Record to this page.

**This is to verify that this child had:

Chickenpox on or about _____ and does not need Varicella vaccine.

Measles on or about _____ Mumps on or about _____.

2) HEARING AND VISION for 4 YEAR OLDS

Hearing Date: _____ Type of Screening and Results: _____

Vision Date: _____ Distance Acuity each Eye: _____

REQUIRED Signature (or stamp) of Physician or Health Personnel

Date

3) SIGNED DOCTOR'S HEALTH STATEMENT

I have examined the above named child within the past year and find that he/she is able to take part in the early childhood school program.

Date child's last physical: _____

or Date child was last examined

(sick visit or recheck): _____

Doctor's Name _____ Doctor's Address _____

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REQUIRED Physician's Signature

Date