

## **HEALTH STATEMENT REQUIREMENT**

Health status information is critical to ensuring that the individual needs of children are met, while protecting the health and safety of all children in care. The Texas Department of Family and Protective Services requires a written statement from a physician indicating the child had a complete physical exam within the past 12 months and is able to take part in the school program at Day One Christian Academy.

	(Please print child's name), is free from				
contagious and communicable disease and is physically able to participate in the schoo					
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 be provided.

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 <sup>st</sup> Dose		2 <sup>nd</sup> Dose			3 <sup>rd</sup> Dose		
DTaP		1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose		4 <sup>th</sup> Dose		
Hib		1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose		3 <sup>rd</sup> Dose			
IPV		1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose			3 <sup>rd</sup> Dose		
PVC		1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose	4 <sup>th</sup> Dose			
RV		1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose				
MMR					1 <sup>st</sup> Dose			
Varicella					1 <sup>st</sup> Dose			
НерА							1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose
Influenza								
TB Test								
Other:								
Other:								