

Health Requirements

•Name of Child		Date of Birth			
Immunization	Date/dose 1	Date/Dose2	Date/dose3	Date/Booster	Date/Booster
DTP/DTaP/DT					
POLIO IPV or OPV					
MEASLES Rubacia/Serampion					
MUMPS					
RUBELLA					
Hib					
Hepatitis A					
Hepatitis B					
7B TEST (if required)					
Varicella (see Parent statement)					

Parent Statement

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

Parent Signature

Today's Date

Signature of Health Care Professional

Date signed

ADMISSION REQUIREMENT: One of the following must be presented when your child (under the age of 5 years) is admitted to the day care facility or within one week of admission. Check to indicate the option you select:
 'Health — Care Professional Statement: I have examined the above-named child within the past year and find that he/she is physically able to take part in the day care program.

Health Care Professional Signature

Date

A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and treatment (EPSDT) Program, if no referral for further diagnosis and treatment is indicated. Form or written statement from a health service or clinic.
 Within 12 months of admission, I will obtain a health care professional's statement and will submit it to the day care Facility. **OR** My child has an appointment for an examination on: _____

Name, full address, and phone number of Health Care Professional:

I will submit the statement from a health care professional to the childcare facility following the examination.

		Date			
Hearing	Date	Si nature			
		1000	2000	4000	Pass
Vision	Date	Signature	Fail		
R20/	1/20	Pass	Fail		

