

Immunization and Physician's Statement

Immunization Record:	The Texas Department of Public Safety requires us to have an up to date copy of your child's immunization record.
<input type="checkbox"/> I have provided Community Kids with a copy of my child's most current immunization record.	
<input type="checkbox"/> I understand that I am to provide Community Kids with an update copy of my child's immunizations each time he/she receives them.	
<input type="checkbox"/> I am excluding my child from immunizations due to religious beliefs or reasons of conscience. I have provided Community Kids with a signed affidavit as required by the State of Texas.	
For More informations regarding immunization exemption please visit the Texas Department of State Health Services at: www.dshs.state.tx.us/immunize	

Physician's Statement:	One of the following must be presented within one week of admission.
Please check an option:	
1. <input type="checkbox"/> HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is able to take part in the child care program.	
_____	_____
Health Care Professional's Signature	Date
2. <input type="checkbox"/> A signed and dated copy of a health care professional's statement is attached.	
3. <input type="checkbox"/> Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.	

Vision and Hearing Screening:	The Texas Health and Safety Code requires that children 4 years and older must be screened or have a professional examination for possible hearing and vision problems.		
<input type="checkbox"/> I have provided Community Kids with a vision and hearing screening signed by a health care professional.			
Vision	R 20/_____	L 20/_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
_____		_____	
Health Care Professional's Signature		Date	
Hearing	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
_____		_____	
Health Care Professional's Signature		Date	

Signature – Parent or Legal Guardian _____
Date