

**IMMUNIZATION RECORD**

Grade Student Attending: \_\_\_\_\_

Please read the reversed side of this form for the Minimum State Vaccine Requirements for Texas Children. Please make sure that your child is in compliance with these requirements **before** returning this form.

DPT/DTaP dates      1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Hep B                    1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Hep A                    1. \_\_\_\_\_ 2. \_\_\_\_\_ *All students entering Kindergarten required to have 2 doses*

HibCV dates            1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Polio dates             1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

MMR dates             1. \_\_\_\_\_ 2. \_\_\_\_\_ *All students entering Kindergarten required to have 2 doses*

VZV (chicken pox)    1. \_\_\_\_\_ 2. \_\_\_\_\_ or Had Virus on \_\_\_\_\_ date  
*All students entering Kindergarten required to have 2 doses*

Pneumococcal/PCV-7    1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

NOTE: If child has not been given the required immunizations, please explain below:

\_\_\_\_\_

\_\_\_\_\_

**Required Medical Form**

Date of Exam: \_\_\_\_\_

"I certify that \_\_\_\_\_ is free of communicable disease and is physically and mentally able to attend Child Care and participate in group activities. This child has completed or begun to obtain the immunizations listed above unless it is my opinion that these immunizations would be injurious to the health and well being of the child or family or household members (in which case, I have noted my reasons in the space provided)."

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Signature of Physician \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Dr's Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Dr's Fax Number \_\_\_\_\_