

ADMISSION INFORMATION

HEALTH REQUIREMENTS					
Name of Child: _____				Date of Birth: _____	
IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
DTP / DTaP / DT					
POLIO IPV or OPV					
MEASLES Rubeola / Serampion					
MUMPS					
RUBELLA					
Hib					
Hepatitis A					
Hepatitis B					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____		
Varicella (see below)					
Varicella (chickenpox) vaccine is not required if your child has had chickenpox. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.					
_____				_____	
Parent's signature				Date	
Signature of Health Care Professional _____				Date _____	
For additional information regarding immunizations contact the Department of State Health Services at http://www.dshs.state.tx.us/immunize/school_info.htm					
<input type="checkbox"/> _____ I (Parent/Guardian) authorize CFC Bilingual Academy do access and print my child's immunization records on IMMTRAC (please initial)					

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission. Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S 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.

- No Food Allergies known at this time
- Food Allergy Emergency Plan attached

Health Care Professional's Signature Date _____

2. A signed and dated copy of a health care professional's statement is attached.

Name and address of health care professional: _____

Signature - Parent or Legal Guardian Date _____

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
SIGNATURE _____			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
DATE _____			

Signature – Parent or Legal Guardian Date _____