



STUDENT MEDICAL FORM to be completed by Physician

Child's Name _____ Date of Birth ____/____/____
 Age _____ Male _____ Female _____ Home Contact Number (____) _____
 Address _____
 Mother's Name _____ Father's Name _____

IMMUNIZATION RECORD

Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal		Attach Copy of Immunization Records signed by the physician									
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required) Positive _____ Negative _____ Date: _____
 Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. 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.

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

I have provided The Woodlands Tree House Preschool with a copy of my child's most current immunization record.

Parent's signature _____

Date _____

For additional information regarding immunizations contact the Department of State Health Services at www.dshs.state.tx.us/immunize/public.shtm

VISION & HEARING for children 4 years of age on or before September 1st.

VISION	R 20/ _____	L 20/ _____	PASS _____	FAIL _____
HEARING	1000 Hz	2000 Hz	4000 Hz	PASS _____
R				FAIL _____
L				PASS _____
				FAIL _____

Physician'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 preschool program.

Physician name and address required _____

Physician's signature _____ date _____