



Learning Academy  
Physician's Statement of Well Health

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

This child has been examined by me within the past 12 months and is found to be in good health and able to attend child care. This child is physically and mentally able to participate in all aspects of the child care program.

\_\_\_\_\_  
Physician's Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Physician's Name (Please print)

Physician's Office Address (including city and zip code):  
\_\_\_\_\_

Physician's Office Telephone \_\_\_\_-\_\_\_\_-\_\_\_\_.



<b>HEALTH REQUIREMENTS</b>					
Name of Child:				Date of Birth:	
IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
<b>Hepatitis B</b>					
<b>DTP / DTaP / DT</b>					
<b>Hib</b>					
<b>POLIO IPV or OPV</b>					
<b>MEASLES</b>					
<b>MUMPS</b>					
<b>RUBELLA</b>					
<b>Varicella (see below)</b>					
<b>Pneumococcal Conjugate Vaccine</b>					
<b>Hepatitis A</b>					
<b>TB TEST</b> (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____		
Signature or stamp of a physician or public health personnel verifying immunization information above. _____					
			Signature	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.					
			Parent's signature		Date
<input type="checkbox"/> 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.					
For additional information regarding immunizations contact the Department of State Health Services at <a href="http://www.dshs.state.tx.us/immunize/school_info.htm">http://www.dshs.state.tx.us/immunize/school_info.htm</a>					