

Hope Children's Center Health Requirements

To be in compliance with the state the following must be annually updated:

Name of Child:	Date of Birth:
----------------	----------------

Immunizations	Date/Dose 1	Date/Dose 2	Date/Dose 3	Date/Booster	Date/Booster
DPT/DTap/Dt					
Polio IPV or OPV					
MMR					
Hib					
Hepatitis B					
Hepatitis A					
Pneumococcal					
T.B. Test (recommended)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date		
Varicella (see below)					

Read carefully and sign only if your child has had chickenpox:

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

 Signature-Physician or Health Personnel Date Signature – Staff Making Handwritten Copy of Record Date

Doctor'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 child care program.

 Physician's Signature Date