

Hope Children's Center Health Requirements

Name of Child:	Date of Birth:
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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 Conjugate					
Pneumococcal Polysaccharide					
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

Note: If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form.