



Annual Health Form

5600 Royal Lane, Dallas TX 75229
 Phone: 214-987-3446 Fax: 214-369-8939

Child's Name: _____ **Date of Birth:** _____

PART A: Health Care Professional's Statement

Once a year, obtain the signature of a health care professional stating that your child is able to participate at preschool. Most families have this signed at the child's annual well child visit.

I have examined the above named child within the past year and find that he/she is able to take part in the preschool program.

Date: _____

Health Care Professional's Signature: _____

Health Care Professional Printed Name: _____

Address: _____

Phone: _____

PART B: Immunization Record

In addition to submitting a record when your child enters PRP, submit a copy of your child's immunization record (listing the child's name, birthdate, number of doses and vaccine type, date child received vaccinations, and signature or stamp of health care professional) to the preschool within one month of your child turning 19, 25, or 43 months.

Age at which child must have vaccines	Minimum Number of Doses Required of each Vaccine
By 19 months	4 doses of DTaP (Diphtheria, tetanus, and pertussis (whooping cough) vaccine), 3 doses of Polio 3 doses of Hep B (Hepatitis B vaccine), 3 doses of Hib (<i>Haemophilus influenzae</i> type b vaccine)*, 4 doses of PCV (Pneumococcal conjugate vaccine)*, 1 dose of MMR (measles, mumps, rubella vaccines combined), and 1 dose of Varicella
By 25 months	Need 1 st dose of Hep A (Hepatitis A vaccine) in addition to all of the above
By 43 months	Need 2 nd dose of Hep A (Hepatitis A vaccine) in addition to all of the above
	Note: * For Hib and PCV, child may need lesser number of doses to fulfill requirement, depending on age when first dose was given.

Chart created based on 2013-2014 Texas Minimum State Vaccine Requirements for Child-care Facilities by Texas DSHS, Immunization Branch, revised 02/07/2012 For more information, go to <http://www.dshs.state.tx.us/immunize/school/default.shtm>

PART C: Vision and Hearing Screening for 4 year olds

Have vision and hearing screenings completed by your child's 4th birthday. Have screener record results here and submit to the preschool within 120 days. Note: keep a copy of these results in case needed for kindergarten admission.

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