

FORM 2935 – Medical Admission Requirements

Name of Child: _____

Health Statement

One of the following must be presented when your child is admitted to The Ridge Preschool. Please check only one option:

1. _____ Health-Care Professional Statement

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.

_____ **HEALTH CARE PROFESSIONAL'S SIGNATURE**

_____ **DATE**

2. _____ A signed and dated copy of a health care professional's statement is attached.

3. _____ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

Hearing & Vision Screening

Texas Health and Safety Code requires that children 4 years of age by September 1st be screened for possible vision and hearing problems within 120 days of admission.

Children already screened may provide results below. For children not tested, professional screening with parent permission will be offered during preschool hours.

Vision	R 20/_____	L 20/_____	Pass_____	Fail_____
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_____ Health Care Professional's Signature

_____ Date

Hearing	1000 Hz	2000 Hz	4000 Hz	Pass	Fail
R					
L					

_____ **HEALTH CARE PROFESSIONAL'S SIGNATURE**

_____ **DATE**

Immunization Record

_____ I have provided the childcare operation with a copy of my child's most current immunization record.

_____ I am excluding my child from 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.

_____ **SIGNATURE – PARENT OR LEGAL GUARDIAN**

_____ **DATE**

Admission Requirements

Immunization Record

Enrolled children must provide a current immunization record no later than the **FIRST** day of school. All immunizations required for the child's age must be completed by date of admission.

You may find more information at www.dshs.state.tx.us/immunize.

Utilize this form to provide shot info, or you may submit a record from your health care professional.

Name of Child	Date of Birth
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Immunization Dates

Hepatitis B									
Rotavirus									
Diphtheria, Tetanus, Pertussis									
Haemophilus influenza type b									
Pneumococcal									
Inactivated Poliovirus									
Measles, Mumps, Rubella									
Varicella									
Hepatitis A									
Meningococcal									

Signature or stamp of a physician or public health personnel verifying immunization info 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

SIGNATURE – PARENT OR LEGAL GUARDIAN

DATE