

ALL AUSTIN COOPERATIVE NURSERY SCHOOL
2301 Hancock Drive
Austin, TX 78756
(512) 454-5315

Child Health/Immunization Record

Child's Name: _____

Birthdate: _____

Immunizations	Date/dose 1	Date/dose 2	Date/dose 3	Date/booster	Date/booster
DTP/TD or DTaP					
Polio/OPV/IPV					
Measles: Vaccine- Rubeola					
Mumps: Vaccine					
Rubella: Vaccine					
HIB					
T.B. Test (indicate (+) or (-))					
Tetramune/DTP + HIB					
Varicella (or date of disease)					
Hepatitis B					
Hepatitis A					
Pneumococcal Conjugate					

The Department of Health requires all children ages four and above to have hearing and vision evaluation.

Vision: Date: _____ Pass: _____ Fail: _____

Hearing: Date: _____ Pass: _____ Fail: _____

COMPLETE ONE OF THE FOLLOWING:

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 nursery school program.

Physician's Signature

Date

Parent's Statement: My child has an appointment for a physical examination and I will return a completed copy of this Health Record by _____.

(Date)