

**ALL AUSTIN COOPERATIVE NURSERY SCHOOL
CHILD IMMUNIZATION/HEALTH RECORD**

Child's Name:

Date of Birth:

- Please attach a current copy of your child's official immunization record.
- If applicable, please use the space on the back of this form to explain any missing information.

Immunizations (Age at which child must have vaccines to be in compliance with the Texas Minimum State Vaccine Requirements)	Date (1)	Date (2)	Date (3)	Date (4)
DTaP: Diphtheria/Tetanus/Pertusis (by 3 mo., by 5 mo., by 7 mo., by 19 mo.)				
IPV: Inactivated Polio Virus (by 3 mo., by 5 mo., by 19 mo.)				
Hib: Haemophilus influenzae type b ** (by 3 mo., by 5 mo., by 16 mo.)				
PCV: Pneumococcal conjugate ** (by 3 mo., by 5 mo., by 7 mo., by 16 mo.)				
Varicella: Chickenpox ** (by 16 mo.)				
MMR: Measles, Mumps, Rubella ** (by 16 mo.)				
Hepatitis A ** (by 25 mo, by 43 mo.)				
Hepatitis B (by 3 mo., by 5 mo., by 19mo.)				

****Schedule variations may apply, based on when doses are given. Rules for compliance are found on the Texas Department of State Health Services website.**

The Texas Department of State Health Services requires all children **four years of age and older** to have a hearing and vision evaluation on file at school. Please attach official documentation.

- My child is under 4 years old and does not need hearing/vision screening
- My child is over 4 years old

	Date	Pass/Fail
Vision		
Hearing		

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.

Signature/Stamp of Physician or Health Personnel

Date