



2010-2011 Health Requirements

(To be completed by Physician)

Child's Legal Name

Last _____ First _____

Date of Birth _____

Completion of this form required by the Texas Department of Family and Protective Services before your child attends class.

Child's Name _____ has been examined by me within the past year and is physically able to participate in a school program.

Physician's Signature

Date

Immunization Record

	Date of 1st	Date of 2nd	Date of 3rd	Date of 4th	Date of 5th
Hepatitis B (HEP B-1)	_____	_____	_____		
Diphtheria, Tetanus, Pertussis (DTaP or DTP)	_____	_____	_____	_____	_____
H. Influenzae Type B (Hib)	_____	_____	_____	_____	
Polio (IPV)	_____	_____	_____	_____	
Measles, Mumps, Rubella (MMR)	_____	_____			
Varicella	_____	_____			
Prevnar (PCV)	_____	_____	_____	_____	
Hepatitis A	_____	_____			

Please return to:

Northland Christian Preschool
2700 F.M. 1960 West
Houston, TX 77068
Fax: 281-893-8531