



# 2009-2010 Health Requirements

(To be completed by Physician)

## Child's 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