

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Child's Name	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date of Birth
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Vaccine Information

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

Requirements for Exclusion from Compliance

☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety code submitted no later than the 90th day after the affidavit is notarized.

☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission (select only one option)

☐ Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.

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

☐ 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.

☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name of Health Care Professional, if selected

Address of Health Care Professional, if selected

Signature-Health Care Professional

Date Signed

Signature-Parent or Legal Guardian

Date Signed

Vision Exam Results

Right Eye 20/ Left Eye 20/ Pass ☐ Fail ☐

Signature

Date Signed

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Left				Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Signature

Date Signed