

Child Health Admission Record

If your o		nt: ot attend pre-kindergar when your child is adm						
□ Hea		ion: ofessional's Statement able to take part in th			ove-nam	ed child withi	n the pas	t year and find
Health Care Professional Signature								
Signature-Parent or Legal Guardian Date								
Immuni Name of C	zation Re					Pate of Birth:		
		Date / dose 1	Da	ate / dose 2	te	ose 3 Date	/ Booster	Date / booster
Immunizations DTP / DTaP / DT				- 12 CO	72	1		
POLIO, IPV or OPV			140	Ch	-0	(0		
MMR		_ (71.60	0	260			
Hep A, H	EB B, HIB	920		TON P				
Prevnar, Varicella, Flu		0/602	110					
		ysician or public hand	i isonnel	verifying immun	ization in	formation abov	e:	
please com	plete the state	vaccine is not required if ement: isease (chicken pox) on o			-	•		-
Parent Sig	nature		Date					
Vision I	Exam: (M	andatory for Chil	ldren tl	hat are 4 yea	rs old	by Septeml	per 1):	
Ri	ght Eye 20/	Pa	ss/Fail	L	eft Eye 2	20/	Pa	ss/Fail
		Mandatory for Cl	nildren	that are 4 y	ears ol	d by Septer	nber 1)	•
Left Ear		□ 1000HZ		2000HZ		4000HZ	Pass	
Right Ear		□ 1000HZ		2000HZ		4000HZ	Pass	Fail
Health Ca	re Profession	nal Signature Date						