Immunization Information

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Student's Name

Child's Last Name	Child's First Name	Child's Middle Initial
Child's Date of Birth Ex. 04/23/2001 / /		

Immunization Record

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

Immunization Chart

Age → / Vaccine ↓	Birth	1 Mos	2 Mos	4 Mos	6 Mos	12 Mos	15 Mos	18 Mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococccal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											
TB TEST (if required)	☐ Positive			☐ Negative			Date:				

Signature or stamp of a physician or public health personnel verifying immunization information above.

Signature _____ Date _____

Signature – Parent or Legal Guardian _____ Date _____

Varicella (chickenpox)

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement:

My child had varicella disease (chickenpox) on or about (date) ____/____/____ *and does not need varicella vaccine.*

Signature – Parent or Legal Guardian

Date

Immunization Exclusion

☐ I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at www.dshs.state.tx.us/immunize/public.shtm

Signature – Parent or Legal Guardian

Date