

## Hope Children's Center Health Requirements

*To be in compliance with the state the following must be annually updated:*

Name of Child:	Date of Birth:
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Immunizations	Date/Dose 1	Date/Dose 2	Date/Dose 3	Date/Booster	Date/Booster
DPT/DTap/Dt					
Polio IPV or OPV					
MMR					
Hib					
Hepatitis B					
Hepatitis A					
Pneumococcal					
T.B. Test (recommended)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date		
Varicella (see below)					

**Read carefully and sign only if your child has had 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.

\_\_\_\_\_  
 Parent's signature Date

\_\_\_\_\_  
 Signature-Physician or Health Personnel Date Signature – Staff Making Handwritten Copy of Record Date

**Doctor's Statement:** I have examined the above named child within the past year and find that he/she is physically able to take part in the child care program.

\_\_\_\_\_  
 Physician's Signature Date