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.						
Vision Exam Results						
Right Eye 20	l/ Left Eye 20/	s				
Signature		Date Signo	ed			
Hearing Exam Results						
Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail		
Right		,		O Pass O Fail		
Left				O Pass O Fail		
Signature		Date Signe	ed			
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 Hea	alth Care Professional, if selected	Address of Health C	are Professional, if selected	•		
Signature — Health Care Professional		Date Signed	Accordance			
Signature — Parent or Legal Guardian		Date Signed	-			

	Vaccine Information	
The following vaccines require multip	le doses over time. Please provide the date your child receive	d each dose.
Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	618 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	0,00,00
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
-laemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
nactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
/aricella	1215 months (first dose)	A test lamon as the Adversariant
	4-6 years (second dose)	***************************************
Hepatitis A	12–23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

Varicella (C	hickenpox)				
Varicella (chickenpox) vaccine is not required if your child has had chick	enpox 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.					
	_				
Simo A. III					
Signature	Date Signed				
Additional Information Regarding Immunizations					
For additional information regarding immunizations, visit the Texas Depa					
immunize/public.shtm.	inthent of State Health Services website at www.dsns.state.tx.us/				
TB Test (If	required)				
Positive Negative Date:					
Printed and the Control of the Contr					
Gang Fre	ee Zone				
Under the Texas Penal Code, any area within 1,000 feet of a child care of	center is a gang-free zone, where criminal offenses related to				
organized criminal activity are subject to harsher penalties.					
Privacy St	tatement				
HHSC values your privacy. For more information, read our privacy policy	online at: https://hhs.texas.gov/policies-practices-privacy#security				
Signat	iliros				
o ignat	une)				
Child's Parent or Legal Guardian	Date Signed				
Center Designee	Date Signed				
Osintei Designee	Date Signed				
Physician or Public Health	n Personnel Verification				
Signature or stamp of a physician or public health personnel verifying immunization information above:					
Cianatura					
Signature	Date Signed				

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