



Child Development Centers

MAIN OFFICE
13211 Huebner Road • San Antonio, TX 78230
210-696-5677 • mail@luvncarecenters.com

IMMUNIZATION RECORD

Child's Name _____ DOB _____

- I have provided Luv-n-Care Child Development Center with a copy of my child's most current immunization record.

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.

Please check only one of the following:

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

Physician's Signature _____ Date _____

- 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 will submit it to the child care operation.

Name and address of Health Care Professional:

Three horizontal lines for entering the name and address of the health care professional.

Parent Signature _____ Date _____

Luv-n-Care

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Admission Information / Health Requirements

Name of Child:			Date of Birth:		
Immunizations	Date Dose 1	Date Dose 2	Date Dose 3	Date Dose 4	Date Booster
Hepatitis B					
DTP/DTaP/DT					
Hib					
Polio IPV or OPV					
Measles					
Mumps					
Rubella					
Varicella*					
Pneumococcal					
Hepatitis A					
TB Test (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date		
Signature or stamp of a physician or public health personnel verifying the immunization information above. Signature _____ Date _____					
* Varicella (chicken pox) vaccine is not required if your child has had chicken pox disease. If your child has had chicken pox, please complete the statement: My child had varicella disease (chicken pox) on or about (date) _____ and does not need varicella vaccine. Please sign below if in accordance.					
Parent Signature _____ Date _____					
I am excluding my child for 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 and Health Services at www.dshs.state.tx.us/immunize/school_info.htm					
Vision	R 20/	L 20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Physician's Signature _____			Date _____		
Hearing	1000 Hz	2000 Hz	4000 Hz		
R				<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
L					
Physician's Signature _____			Date _____		
Parents Signature _____			Date _____		