

MEDICAL REPORT

Health Statement and Immunizations for 2023-2024

St. Paul's School, 5501 Main, Houston, Texas 77004 - Fax: 832-280-1408

To be completed by the child's physician:

PLEASE NOTE:

An annual health examination must have been given *after August 2022* for this form to be valid.

The required Health Examination Statement must be completed even if an immunization record is attached!

HEALTH EXAMINATION STATEMENT - MUST BE COMPLETED!

I hereby certify that _____ has been examined by me and is physically able to participate in a preschool or child care program for young children.

Physicians Signature: _____ Date of Last Examination: _____

Address: _____ ZIP: _____ Phone: _____ FAX: _____

Please complete month, day and year for each immunization given or attach a copy of the child's immunization report.

	Date Given	Date Given	Date Given	Date Given	Date Given
Varicella	___/___/___	___/___/___			
DtaP//DT/DTP	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Hepatitis A	___/___/___	___/___/___			
Hepatitis B	___/___/___	___/___/___	___/___/___		
Hib	___/___/___	___/___/___	___/___/___	___/___/___	
MMR	___/___/___	___/___/___			
Pneumococcal (PCV)	___/___/___	___/___/___	___/___/___	___/___/___	
IPV (Polio)	___/___/___	___/___/___	___/___/___	___/___/___	
Last TB Test	___/___/___	Result	_____		
Influenza	___/___/___				

Problems with Vision? Yes ___ No ___ / Hearing? Yes ___ No ___ If "Yes", please explain: _____

To be completed by the parent or legal guardian:

Child's full name: _____ Date of Birth: _____ Female / Male

Address: _____ ZIP: _____ Phone: _____

Name of mother: _____ Name of father: _____

Signature of parent/legal guardian: _____ Date: _____

Please see a list of required immunizations on the back of this form.

As required by the Texas Department of State Health Services, **ALL** students must have the proper immunizations in order to be enrolled in St. Paul's School, no exceptions.

If you have any questions, please contact the school office. We appreciate your understanding!

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Ask your physician about ImmTrac, a Texas immunization registry. ImmTrac is a great high-tech tool. It will allow the school office access to your child's immunizations through a secure, confidential website. In addition, if your child changes doctors or schools, their immunization history remains available in ImmTrac. A consent form may be picked up in the school office or ask your pediatrician.

Visit www.dshs.state.tx.us/immunize for more information on required immunizations for child care programs.

VACCINE	REQUIRED
Varicella (Chickenpox)	2 doses (by 16 mos, 4-6 years) or documentation of previous varicella illness is required
DTaP/DTP	5 doses (by 3 mos, by 5 mos, by 7 mos, by 19 mos, 4-6 years)
Hepatitis A	2 doses (by 25 mos, by 43 mos)
Hepatitis B	3 doses (1 dose at birth or by 3 mos , by 5 mos, by 19 mos)
Hib	1 or 3 doses* (by 3 mos, by 7 mos, by 16 mos) *depending on age when 1 st dose was given
MMR	2 doses (by 16 mos, 4-6 years)
Pneumococcal Conjugate Vaccine	4 doses (by 3 mos, by 5 mos, by 7 mos, by 19 mos)
IPV (Polio)	4 doses (by 3 mos, by 5 mos, by 19 mos, 4-6 years) *depending on age when 1 st dose was given
	RECOMMENDED
Rotavirus	3 doses recommended (by 3 mos, by 5 mos, by 8 mos)
TB Test	Recommended yearly
Influenza	Recommended yearly

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