

Immunization and Physician's Statement

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Immunization Record:	The Texas Department of Public Safety requires us to have an up to date copy of your child's immunization record.
Please Initial	
_____ I have provided Anchor ELA with a copy of my child's most current immunization record.	
_____ I understand that I am to provide Anchor ELA with an updated copy of my child's immunizations each time he/she receives them.	
_____ 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 that the 90th day after the affidavit is notarized.	
For more information regarding <i>immunization exemption</i> please visit the	
Texas Department of State Health Services at: www.dshs.state.tx.us/immunization/school	

Physician's Statement:	One of the following must be presented within one week of admission.
Please select only one option:	
1. _____ HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within one year and find that he/she is able to take part in the Learning Academy.	
_____	_____
Health Care Professional's Signature	Date
2. _____ A signed and dated copy of a health care professional's statement is attached.	
3. _____ 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.	
4. _____ My child has been examined within the past year by a health care professional and is able to participate in the child care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to Anchor ELA.	

Vision and Hearing Screening:	The Texas Health and Safety Code requires that children 4 years and older must be screened or have a professional examination for possible hearing and vision problems.
_____ I have provided Anchor ELA with a vision and hearing screening signed by a healthcare professional.	
_____ 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	R 20/_____ L 20/_____ _____ Pass _____ Fail

Health Care Professional's Signature	Date

Hearing	1000 Hz	2000 Hz	4000 Hz
R			
L			
_____ Pass _____ Fail			

Health Care Professional's Signature	Date		

_____	_____
Signature - Parent or Legal Guardian	Date