



## Immunization and Health Statement

Forms may be emailed to [help@eackids.org](mailto:help@eackids.org), faxed to: 512-472-2164 or brought to main office: 55 N IH 35, 78702

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Parent Name:** \_\_\_\_\_ **Daycare Site:** \_\_\_\_\_

<b>Immunization Records:</b>	The Texas Department of Public Safety requires us to have an up to date copy of your child's immunization record. Immunization record must be submitted to our EAC business office before care begins.
<b>Please initial the statement applicable to you.</b>	
1. _____ I have provided Extend-A-Care for Kids with a copy of my child's most current immunization record and I understand that I am to provide Extend-A-Care for Kids with an updated copy of my child's immunizations each time he/she receives them.	
2. _____ I am excluding my child from immunizations due to religious beliefs or reasons of conscience. I have provided Extend-A-Care for Kids with a <b>signed affidavit</b> as required by the State of Texas. For More information regarding immunization exemption please visit the Texas Department of State Health Services at: <a href="http://www.dshs.state.tx.us/immunize">www.dshs.state.tx.us/immunize</a>	

<b>Physician's Health Statement:</b>	One of the following must be submitted to our business office before care begins. Physician statement is good for one calendar year.
<b>Please check the item you're submitting.</b>	
1. <input type="checkbox"/> <b>HEALTH-CARE PROFESSIONAL'S STATEMENT:</b> I have examined the above named child within the past year and find that he/she is able to take part in the child care program.	
_____	_____
Health Care Professional's Signature	Date
2. <input type="checkbox"/> A signed and dated copy of a health care professional's statement is attached.	

<b>Vision and Hearing Screening: (4 years and older only)</b>	The Texas Health and Safety Code requires that children <b>4 years and older</b> must be screened or have a professional examination for possible hearing and vision problems.
<b>Please check the item you're submitting.</b>	
1. <input type="checkbox"/> <b>HEALTH-CARE PROFESSIONAL'S STATEMENT:</b> I have examined above named child and results are listed below.	
<b>Vision</b>	R 20/_____ L 20/_____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail
_____	_____
Health Care Professional's Signature	Date
<b>Hearing</b>	1000 Hz 2000 Hz 4000 Hz <input type="checkbox"/> Pass <input type="checkbox"/> Fail
R	
L	
_____	_____
Health Care Professional's Signature	Date
2. <input type="checkbox"/> A signed and dated copy of a health care professional's statement is attached.	

\_\_\_\_\_  
Signature – Parent or Legal Guardian \_\_\_\_\_ Date