



covenant

PRESBYTERIAN PRESCHOOL

MEDICAL FORM 2024-2025

Name of Child: _____ Date of Birth: ____/____/____

IMMUNIZATIONS (Include month, day, year) Completed form may be faxed to 512-334-3091.

NOTE: If you are delaying or opting out of any vaccinations, even under doctor recommendations, you must submit a notarized affidavit from the Texas Dept. of State Health Services. Your doctor must still complete the bottom portion of this form to be turned in with the affidavit.

<https://www.dshs.texas.gov/immunization-unit/texas-school-child-care-facility-immunization/texas-immunization-exemptions>

Diphtheria/Tetanus/Pertussis (DTaP) (List all dates, not just booster dates.)

1. _____ 2. _____ 3. _____ 4. _____ (4 doses must be completed by 15 months)

5. _____ (Past fourth birthday booster)

POLIO (OPV or IPV)

1. _____ 2. _____ 3. _____ Booster _____ (One booster past 4th birthday)

MMR (Measles, Mumps, Rubella)

1. _____ (On or after 1st birthday; before 15 months)

2. _____ (Must be given at least 30 days after 1st MMR or by age 5)

HibCV or Hib PV 1. _____ 2. _____ 3. _____ 4. _____

(Primary Series or one shot past 15 months)

VARICELLA (Chicken Pox) _____

HEPATITIS A _____

HEPATITIS B _____

PNEUMOCOCCAL (PCV) _____

OTHER _____

CHRONIC CONDITIONS _____

ALLERGIES, SPECIAL DIET, PHYSICAL ACTIVITY RESTRICTIONS, ONGOING/DAILY MEDICATIONS, ETC. _____

NONE

This portion is mandatory for 4-and 5-year-olds.

HEARING	Date	Signature				
Hz	250	500	1000	2000	4000	6000
Right	_____	_____	_____	_____	_____	_____
Left	_____	_____	_____	_____	_____	_____
25 dB	1000	2000	4000			
Right	_____	_____	_____	Pass	_____	
Left	_____	_____	_____	Fail	_____	

VISION Date _____ Signature _____
Right: 20/____ Left: 20/____ Pass: ____ Fail: ____

Form will not be accepted without this section completed by your doctor.

Is this child able physically and mentally to participate in group activities? _____

I have examined _____ within the past 12 months and find him/her free of infection and communicable diseases and able to participate in all programs offered in the Covenant Presbyterian Preschool at the Covenant Presbyterian Church.

Signature of Doctor _____ **Date** _____

Office Address & Phone: _____

Covenant Preschool and Child's Day Out, 3003 Northland Drive, Austin, Texas 78757
512-454-8370, www.covenant.org/preschool

TO BE COMPLETED BY YOUR DOCTOR