



The Apple Tree School
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Houston, TX 77090
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**Health Requirements &
 Immunization Record
 2023 - 2024**

Child's Name: _____ D.O.B.: _____

| Immunizations | Date - 1st Dose | Date - 2nd Dose | Date - 3rd Dose | Date -1st Booster | Date -2nd Booster |
|--|-----------------|---|-----------------------------------|--|----------------------|
| DPT/Td | | | | | |
| Polio | | | | | |
| Hib-CV | | | | NOTE: You may submit a machine copy of an immunization record signed or stamped by a physician or health personnel. | |
| Measles: Vacc. | | | | | |
| Mumps: Vacc. | | Physician's Verification Must Be Submitted | | | |
| Rubella: Vacc. | | Pneumococcal Conjugate | Date-1st Dose | Date-2nd Dose | Date-3rd Dose |
| Tuberculosis Test: To be completed if recommended for the area by the Texas Department of Health. (Staff will inform you of these requirements) | | Tuberculosis Test Results | | | |
| | | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | Date: _____ | |

 Signature (or stamp)-Physician or health Professional Date Signature - Staff making handwritten Copy of Record Date

ADMISSION REQUIREMENTS: One of the following must be presented when your pre-school-age child is admitted to Apple Tree School or within one week of admission. Check to indicate the option you select.

Doctor's Statement: I have examined the above-named child within the past year and find that he/she is physically able to take part in the program at The Apple Tree School.

A copy of the medical screening from the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program IF no referral for further diagnosis and treatment is indicated.

A form or written statement from a health service or clinic

 Physician's Signature Date

IF YOU DO NOT HAVE ANY OF THE ABOVE:

Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in the program at The Apple Tree School. I will obtain a physician's statement, a copy of the medical screening form from the EPSDT Program, or a form or statement from a health service or clinic and will submit it to The Apple Tree School within 5 days of enrollment.

 Name and Address of Physician OR Address of EPSDT Screening Site

My child has an appointment for a physical examination. I will submit the physician's statement, EPSDT form, or health service or clinic form to The Apple Tree School following the examination.

 Date of Appointment / Name and Address of Physician OR Address of EPSDT Screening Site

NOTE: If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization and/or TB testing would be injurious to your child or family you must obtain a certificate (signed by a physician) to that effect and attach it to this form.

 Signature - Parent or Legal Guardian Date