



Immunization and Physician's Statement

Child's Full Legal Name: _____ **Date of Birth:** _____

Immunization Record:

The Texas Department of Public Safety requires us to have an up-to-date copy of your child's immunization record:

I have provided Sagamore MDO with a copy of my child's most current immunization record.

I understand that I am to provide Sagamore MDO with an updated copy of my child's immunizations each time we receive them.

I am excluding my child from immunizations due to religious beliefs or reasons of conscience. I have provided Sagamore MDO with a signed affidavit as required by the State of Texas.

For More information regarding immunization exemption, please visit the Texas Department of State Health Services at:
www.dshs.state.tx.us/immunize

Physician's Statement: One of the following must be presented within one week of admission.

Please check one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that he/she is able to take part in the childcare program.

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.

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 Sagamore MDO with a vision and hearing screening signed by a health care professional below:

Vision	R 20/_____	L 20/_____		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Health Care Professional's Signature: _____ Date: _____				

Hearing	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
R				
L				
Health Care Professional's Signature: _____ Date: _____				

Parent/Legal Guardian Signature: _____ **Date:** _____