

Ascension Episcopal School Physician's Report/Immunization Record

This form must be completed or updated each school year to comply with the City of Houston Department of Health and Human Services requirements.

Student's Name _____ Date of Birth _____ / _____ / _____
Mo Day Year

List any physical handicaps, which would prevent normal classroom or playground activities.

List any chronic disorders. _____

Does the patient have any allergies? _____ If so, please explain. _____

What medication or treatment is this student receiving now? _____

Immunization	#1 Date	#2 Date	#3 Date	#4 Date	#5 Date	
Diphtheria/Pertussis/ Tetanus or Diphtheria/Tetanus (DPT)						
Haemophilus Influenza Type B (Hib)						
Oral Polio/Inactivated Polio Vaccine						
Measles/Mumps/ Rubella (MMR)			Measles	Mumps	Rubella	
Hepatitis B Virus						
Tuberculosis Skin Test	Date:		Result:			
Varicella	Immunization Date: _____ <u>or</u>					
	Date Child had Varicella: _____					
Hepatitis A	#1 _____				#2 _____	
Pneumococcal Conjugate Vaccine (PCV7)	#1 _____	#2 _____			#3 _____	

The child will not be able to attend school unless the records are complete and on file in the school office within the required time. Local residents will have 1 week following registration to have the forms completed. Out-of-state or out-of-county residents will have 4-6 weeks for the forms to be completed and returned to the school.

I attest to the fact that _____ is in good health and can participate in the Ascension Episcopal School program.

Physician's Signature _____ Phone Number _____

Date _____ Office stamp _____

(School Year 2010-2011)