

**Health Requirements Form 2024-2025**

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**Health Statement:** (Check one)

- ☐ Physician'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 preschool program.

\_\_\_\_\_  
Physician's Signature**OR**\_\_\_\_\_  
Date

- ☐ A **signed** and **dated** copy of physician's statement is attached.

**Immunization Requirements:**

- ☐ **Yes**   ☐ **No**   My child has had Varicella disease (chickenpox)  
If yes, provide date of illness:

**Check one ONLY below and please read carefully.**

- ☐ I have attached a copy of my child's Current Physician Immunization Record **with doctor's stamp or signature**. I understand that it is my responsibility to bring updated records to the office throughout the year as immunizations are administered.

**OR**

- ☐ I am excluding my child from the immunization requirements for reasons of conscience, including religious belief. I have attached the **original** official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for two years.

***\*\*For additional information regarding immunizations, contact the Department of State Health Services at <https://corequest.dshs.texas.gov>.***

**Note:** The doctor's statement and immunizations are due at time of registration. Updated immunizations records must be turned in as required shots are due. Past due records will result in your child's not being able to attend CLC until records are brought current.

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**\_\_\_\_\_  
**Date**