



Learning Time Station

2301 Mesquite Valley Rd
 Mesquite TX 75149
 Phone (972) 222-9400
 Fax (972) 222-0871

HEALTH REQUIREMENTS

NAME OF CHILD:			DATE OF BIRTH:		
Immunizations	Date / Dose 1	Date / Dose 2	Date / Dose 3	Date / Booster	Date / Booster
DTP/DtaP/DT					
Polio IPV or OPV					
Measles Rubeola/Serampion					
Mumps					
Rubella					
Hib					
Hepatitis A					
Hepatitis B					
TB Test (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date		
Varicella (see below)					
Varicella (chicken pox) vaccine is not required if your child has had chicken pox disease. if your child has had chicken pox, please complete the statement: My child had varicella disease (chicken pox) on or about _____ and does not need varicella vaccine. <div style="text-align: center;">Date</div>					
Signature (Parent or Legal Guardian)			Date		

 Signature (Physician or Health Personnel) Date

 Signature (Staff making handwritten copy of record) Date

School Age Children: My child attends the following school and his/her immunization record is on file at the school and all immunizations and tuberculosis tests are current.

 School name & address Phone