

Name of Student: _____ Date of Birth: _____

HEALTH REQUIREMENTS

ADMISSION REQUIREMENT: One of the following must be presented when your child is enrolled in **SPROUTS** or within one week of admission. Check to indicate the option you select:

- HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above-named child within the past year and find that he/she is physically able to participate in school activities.

Date: _____
Signature of Health-Care Professional
- A signed and dated copy of a health-care professional's statement is attached. (Must be stamped with address of health-care professional.) If child is age four and over, a copy of the latest hearing and vision testing is also attached.
- PARENT'S STATEMENT:** My child has been examined within the past year by a health-care professional and is physically able to participate in school activities. I will obtain a health-care professional's signed statement within 30 days of admission, and will submit it to **SPROUTS**.
Name and address of health-care professional: _____

- Medical diagnosis and treatment conflict with the tenets and practices of our recognized religious organization, to which I adhere to or am a member. I have attached a signed and dated affidavit stating this fact.

IMMUNIZATIONS	Date/Dose 1	Date/Dose 2	Date/Dose 3	Date/Booster	Date/Booster
DTP/DTaP/DT					
IPV or OPV					
MEASLES/MUMPS/ RUBELLA					
HIB					
HEPATITIS A					
HEPATITIS B					
PCV7					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____		
VARICELLA (see below)					

Varicella (Chickenpox) vaccine is not required if your child has already had the disease. If your child has had Chickenpox, please complete the following statement: My child had Varicella Disease (Chickenpox) on or about _____ and does not need the Varicella Vaccine.

Date: _____
Parent Signature

Date: _____
Signature of Health-Care Professional

Immunizations must be signed or rubber-stamped by physician or other health-care professional.

Hearing Screening (required for all four-year-olds)		Date		Signature
Hz	1000	2000	4000	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
R				
L				
Vision Screening (required for all four-year-olds)		Date		Signature
R20/	L20/			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Signature of Parent / Legal Guardian

Date