HEALTH REQUIREMENTS & VAX RECORDS

GRACE LUTHERAN SCHOOL | 1212 W. JEFFERSON | BRENHAM, TEXAS 77833
TEL (979) 836-2030

STUDENT'S NAME	
DOB	

IMMUNIZATIONS	DATE/DOSE 1	DATE/DOSE 2	DATE/DOSE 3	DATE/DOSE 4	DATE/BOOSTER
DPT/DTaP/DT					
POLIO (IPV OR OPV)					
HEPATITIS A					
HEPATITIS B					
MMR					
MCV4					
VARICELLA					

VARICELLA EXEMPTION: MY CHILD HAD VARICELLA DISEASE (CHICKEN POX) ON OR ABOUT (DATE) _____ AND DOES NOT NEED THE VERICELLA VACCINE.

PARENT SIGNATURE **DATE**

ADMISSION REQUIREMENT

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 DAY SCHOOL PROGRAM.

OTHER MEDICAL INFORMATION WHICH THE STAFF SHOULD BE AWARE OF:

HEALTHCARE PROFESSIONAL'S SIGNATURE **DATE**