



Immunization Form

A signed copy of a physician's records of immunization is preferable to this form.

Hearing and Vision test records are also required for children 4 years of age and older.

Our HIPAA compliant Fax number is 281-724-3549.

What documentation is acceptable for immunization records?

(a) Documentation on file at the child-care center may be the original immunization record or a photocopy of the record. An official immunization record generated from a state or local health authority, such as a registry, or a record received from school officials including a record from another state, is also acceptable.

(b) The immunization record must include:

- (1) The child's name and birth date;
- (2) The number of doses and vaccine type;
- (3) The month, day, and year the child received each vaccination; and
- (4) The signature or stamp of the physician or other health care professional who administered the vaccine.

Name of Child: _____

Date of Birth: _____

Vaccine	Date	Date	Date	Date	Date
Polio					
DTP/DTaP					
HepB					
HiB					
MMR					
TB					
VARICELLA					
PCV					
HepA					

Name of Health Care Professional: _____

Signature of Health Care Professional: _____

Date: _____