

**First Presbyterian Preschool
1340 Murchison, El Paso, TX 79912**

IMMUNIZATIONS AND HEALTH RECORD

CHILD'S NAME: _____

DATE OF BIRTH: _____ **AGE:** _____

Hepatitis B	#1	#2	#3		
Age					
Date					
DTaP	#1	#2	#3	#4	Booster
Age					
Date					
Hib	#1	#2	#3	#4	
Age					
Date					
IPV	#1	#2	#3	Booster	
Age					
Date					
RV	#1	#2	#3		
Age					
Date					
PCV	#1	#2	#3	#4	
Age					
Date					
MMR	#1	Booster			
Age					
Date					
Varicella	#1				
Age					
Date					
Hepatitis A	#1	#2			
Age					
Date					
TB	Date: _____		Results: _____		
Other					

PHYSICIAN'S VERIFICATION OF MEASLES/MUMPS ILLNESS

This is to verify that the child named above had:

Measles illness on or about _____ (Month & Year) and does not need the vaccine(s).

Mumps illness on or about _____ (Month & Year) and does not need the vaccine(s).

Describe any special problems noted during the examination (allergies, asthma, etc.)

I certify that the above named child is free of communicable disease and is physically and mentally able to participate in this program.

Date

X _____
Physician's Signature

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VISION & HEARING SCREENING RECORD FOR 4 YEAR OLDS ONLY

Visual acuity and hearing sensitivity screening are required for 4 year olds enrolled in preschool. Rescreening is only required if is an abnormality was noted on the first screening.

Hearing Screening

	RIGHT	LEFT
500 Hz		
1000 Hz		
2000 Hz		
4000 Hz		

PASS

FAIL (Rescreen)

Signature

Date

Vision Screening

Distance Acuity:	R 20/_____	L 20/_____
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PASS

FAIL (Rescreen)

Signature

Date