

YORKSHIRE ACADEMY

2024/2025

IMMUNIZATION RECORD/STATEMENT of HEALTH

Name: _____ D.O.B.: _____

Parent/Guardian: _____ Sex: _____

Hepatitis (HepB)					
Rotavirus (RV)					
DTP/DTaP					
Hib					
Pneumococcal (PCV)					
Polio (IPV)					
MMR					
Varicella					
Hepatitis A					
Meningococcal (MCV)					
Influenza					
Other					

Date child had Chicken Pox: _____

Drug Allergies: _____

Vision Testing: _____ Hearing Testing: _____

*Vision & screening is required for **all** Pre-K, Kindergarten, 1st, 3rd, 5th, and new students going into 2nd & 4th. These screenings must be done prior to the start of school.*

Comments: _____

Physician's Statement

The above-named person has been examined by me on _____, and has been found to be in good health and free of contagious disease unless listed above under "Comments"

Physician's Signature

Phone

Date

The Physician must sign this form before it is returned to school.

The most current record of your child's vaccination history is mandatory and must be in the student file before coming to school.

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