



**The Apple Tree School**  
**17127 Red Oak Dr.**  
**Houston, TX 77090**  
**Phone: 281-444-6707**  
**Fax: 281-444-8884**

**Health Requirements &  
 Immunization Record  
 2019 - 2020**

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Immunizations	Date - 1st Dose	Date - 2nd Dose	Date - 3rd Dose	Date -1st Booster	Date -2nd Booster
DPT/Td					
Polio					
Hib-CV				<b>NOTE: You may submit a machine copy of an immunization record signed or stamped by a physician or health personnel.</b>	
Measles: Vacc.					
Mumps: Vacc.					
Rubella: Vacc.			<b>Pneumococcal Conjugate</b>	<b>Date-1st Dose</b>	<b>Date-2nd Dose</b>
			<b>Date-3rd Dose</b>		

**Tuberculosis Test:** To be completed if recommended for the area by the Texas Department of Health. (Staff will inform you of these requirements)

**Tuberculosis Test Results**

Positive       Negative      Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature (or stamp)-Physician or health Professional      Date      Signature - Staff making handwritten Copy of Record      Date

**ADMISSION REQUIREMENTS:** One of the following must be presented when your pre-school-age child is admitted to Apple Tree School or within one week of admission. Check to indicate the option you select.

Doctor's Statement: I have examined the above-named child within the past year and find that he/she is physically able to take part in the program at The Apple Tree School.

A copy of the medical screening from the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program IF no referral for further diagnosis and treatment is indicated.

A form or written statement from a health service or clinic

\_\_\_\_\_  
 Physician's Signature      Date

**IF YOU DO NOT HAVE ANY OF THE ABOVE:**

Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in the program at The Apple Tree School. I will obtain a physician's statement, a copy of the medical screening form from the EPSDT Program, or a form or statement from a health service or clinic and will submit it to The Apple Tree School within 5 days of enrollment.

\_\_\_\_\_  
 Name and Address of Physician OR Address of EPSDT Screening Site

My child has an appointment for a physical examination. I will submit the physician's statement, EPSDT form, or health service or clinic form to The Apple Tree School following the examination.

\_\_\_\_\_  
 Date of Appointment / Name and Address of Physician OR Address of EPSDT Screening Site

NOTE: If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization and/or TB testing would be injurious to your child or family you must obtain a certificate (signed by a physician) to that effect and attach it to this form.

\_\_\_\_\_  
 Signature - Parent or Legal Guardian      Date