

Livingston Montessori School

622 W Noblitt Street Livingston, TX 77351

936-329-8600 FAX 936-329-8602

livingstontxmontessori.com

IMMUNIZATION RECORD

Student Name _____ Birth Date _____

Physician _____ Fax Number _____

In order to comply with State of Texas Immunization Requirements, it is a parent or guardian's responsibility to provide current immunization records to the Child Care Facility or School. Please have your child's physician fill out the form below or attach a copy of the child's immunization record. Return by first day of attendance.

DTaP #1 _____	MMR #1 _____	HIB #1 _____	Polio #1 _____
#2 _____	#2 _____	#2 _____	(IPV)#2 _____
#3 _____		#3 _____	#3 _____
#4 _____	MCV4 #1 _____	#4 _____	#4 _____
#5 _____	After 4 th Birthday		After 4 th Birthday

Varicella #1 _____	Hepatitis A #1 _____	Hepatitis B #1 _____	PVC7 #1 _____
(Chickenpox)#2 _____	#2 _____	#2 _____	#2 _____
		#3 _____	#3 _____
			#4 _____

Within one year of your child's enrollment a physician must sign the statement below.

PHYSICIAN'S STATEMENT

I have examined the above child within the last year and find that he/she is physically able to take part in the normal activities of a child care program.

Physician's Signature

Date