First Presbyterian Elementary
1340 Murchison, El Paso, TX 79902
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					
Hepatitia 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 no need the vaccine(s).

Mumps illness on or about ____________ (Month & Year) and does no 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.

________________ X__________________________________

Date 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 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/________

☐ PASS ☐ FAIL (Rescreen)

_________________________________ _________________
Signature Date