

# Immunization Record

Oak Hill Montessori School  
6720 Oak Hill Boulevard  
Tyler, Texas 75703

**Child's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

DTaP \_\_\_\_\_

IPV/ OPV \_\_\_\_\_

MMR \_\_\_\_\_

HEP B \_\_\_\_\_

Varicella /Chicken Pox \_\_\_\_\_

HEP A \_\_\_\_\_

PCV 7 \_\_\_\_\_

HIB \_\_\_\_\_

## SPECIAL CONDITIONS

Please list any special conditions, such as allergies or maintenance medications.

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## PHYSICIAN'S STATEMENT OF HEALTH

This child has been examined by me and has been found to be free of infectious and contagious diseases and is physically and mentally able to participate in the school program.

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## VISION & HEARING SCREENING RECORD

Screening for visual and hearing abnormalities is required of all four-year-olds, kindergartners, 1st graders, 3rd graders and 5th graders enrolled in any Texas public or private school. Re-screening is required after each age screening only if an abnormality is noted in the first screening.

### Vision Screening

Distance

Acuity: R20/\_\_\_\_ L20/\_\_\_\_ Pass\_\_\_\_ Fail\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

### Rescreen

Distance

Acuity:R20/\_\_\_\_ L20/\_\_\_\_ Pass\_\_\_\_ Fail\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

### Hearing Screening

At 25 dB	R	L
1000 Hz		
2000 Hz		
4000 Hz		

Pass\_\_\_\_ Fail\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

### Rescreen

At 25 dB	R	L
1000 Hz		
2000 Hz		
4000 Hz		

Pass\_\_\_\_ Fail\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_