



Azle South - 1116 Southeast Parkway
Azle North – 1875 FM 730 North
Azle, Texas 76020
817-752-2300

HEALTH STATEMENT

THIS HEALTH STATEMENT IS A REQUIREMENT OF THE LAW

Child's Name: _____ DOB: _____ DATE: _____

Parent Affirmation:

The above child has been examined within the past 12 months by their pediatrician and is up to date on all required immunizations.

Health Care Professional Name _____

Address _____ City _____ State _____ Zip _____

Parent Signature _____ Date _____

Health Care Provider Affirmation:

The above child has been examined within the past 12 months and found that he/she is able to take part in the preschool program. **Please attach a copy of the child's immunization record.**

Health Care Provider Signature _____ Date _____

TB Test (if required) please circle Positive Negative Date _____

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella (chickenpox) on our about (date) _____ and does not need varicella vaccine.

Parent Signature: _____ Date: _____

Complete ONLY if Applicable

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

Parent Signature: _____ Date: _____