

Immunization Record

The Oak Forest Montessori School
2000 Greenleaf Street
Longview, TX 75605

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.

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 _____

Recreen

At 25 dB	R	L
1000 Hz		
2000 Hz		
4000 Hz		

Pass____ Fail____
Signature _____ Date _____