

# Health Statement

Child's Name:	Birth Date:
Parent's Name:	
Parent's Address:	
Status of above child's health:	
Any known conditions under treatment:	
Child is capable of adjusting to program of the childcare facility:	
<b>Signed: (MD or RN)</b>	
<b><u>*Please print doctor's name, office address &amp; phone number:</u></b>	

State of Nevada Form

## Required Vaccinations



\*\*Number of doses will vary depending on the type of vaccine your health care provider uses.

	Prior to 4 yrs.	4-6 yrs.
<b>Hep B</b> (Hepatitis B)	3-4 doses**	
<b>DTap / Tdap</b> (Diphtheria tetanus, pertussis)	4 doses	5 doses
<b>Hib</b> Haemophilus influenza type B	3-4 doses**	
<b>Polio</b>	3 doses	4 doses
<b>PCV</b> Pneumococcal conjugate	4 doses	
<b>RV</b> Rotavirus	2-3 doses**	
<b>MMR</b> Measles, mumps, rubella	1 dose	2 doses
<b>Varicella</b> Chickenpox	1 dose	2 doses
<b>Hep A</b> Hepatitis A	2 doses	

### Immunization Exemption

Unless your child is excused due to a medical condition (which must be signed by a doctor) or because of religious belief, he/she may not be enrolled in a childcare facility in the state of Nevada without the required immunizations.