



Health Notice

The following health documents are need for your child, _____

Please bring the health documents to your Family Services Coordinator/ Campus Nurse no later than; _____

Thank you for your assistance on this matter.

<p>Health Requirements:</p> <ul style="list-style-type: none"> <input type="radio"/> Well child Exam (Physical) <input type="radio"/> Oral Exam <input type="radio"/> LEAD <input type="radio"/> Hemoglobin / Hematocrit <input type="radio"/> TB <input type="radio"/> Vision <input type="radio"/> Hearing 	<p>Immunization:</p> <ul style="list-style-type: none"> <input type="radio"/> DtaP <input type="radio"/> Rotavirus (RV) <input type="radio"/> HiB <input type="radio"/> Hep A <input type="radio"/> Pneumococcal (PCV) <input type="radio"/> MMR <input type="radio"/> Varicella <input type="radio"/> IPV <input type="radio"/> Hep B
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Parent Signature

Date

Staff Signature

Date

Aviso de Salud

Favor de traer los documentos de salud de su hijo(a), _____, a su
Coordinador de Servicios Familiar / Enfermera para esta fecha, _____.

Gracias por su cooperacion.

<p>Requisitos de Salud:</p> <ul style="list-style-type: none"> <input type="radio"/> Examen Físico <input type="radio"/> Examen Oral <input type="radio"/> Plomo <input type="radio"/> Hemoglobina / Hematocrito <input type="radio"/> Hemoglobina (TB) <input type="radio"/> Vision <input type="radio"/> Audicion 	<p>Vacunas:</p> <ul style="list-style-type: none"> <input type="radio"/> DtaP <input type="radio"/> Rotavirus (RV) <input type="radio"/> HiB <input type="radio"/> Hep A <input type="radio"/> Pneumococcal (PCV) <input type="radio"/> MMR <input type="radio"/> Varicela <input type="radio"/> IPV <input type="radio"/> Hep B
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Firma de Padre

Fecha

Firma de Empleado

Fecha