



IMMUNIZATION RECORD

IMR - 4

Child's Name: _____

Date of Birth: _____ Age: _____ (As of Sept. 1, 2021)

Program Days: T/TH M/W/F M-F

*****IMPORTANT***** Any child on a delayed immunization schedule for medical reasons will be **required** to submit a letter signed by a physician stating the reasons for the delay in addition to the immunization record.

PLEASE ATTACH A PHYSICIAN SIGNED COPY OF IMMUNIZATION RECORDS

IF THE CHILD IS 4 YEARS OLD OR ABOVE, PLEASE SEE BELOW:

All children four years of age or older by the start of school must be screened for possible vision and hearing problems. If available, please provide a copy of the individual visual acuity and auditory sweep check results from a healthcare professional. Pass or fail results do not meet the state licensing requirements.

Hearing and Vision Screening Results Attached? YES NO

**Fax to CtR Genesis ECP at:
281-469-8441**