

Extended Care Health Certification Form for Four Year Olds

Child' Name: _____

THIS IS TO BE COMPLETED ONLY IF YOUR CHILD IS UNDER 5 YEARS OLD

IF YOUR CHILD IS UNDER 5, THE STATE OF TEXAS REQUIRES PROOF OF THE CHILD'S HEALTH BY ONE OF 5 (FIVE) WAYS:

ADMISSION REQUIREMENT: ONE OF THE FOLLOWING MUST BE PRESENTED WHEN YOUR PRESCHOOL AGE CHILD IS ADMITTED TO THE DAY CARE FACILITY OR WITHIN ONE WEEK OF ADMISSION. CHECK TO INDICATE THE OPTION YOU SELECT: (YOU MUST MARK, A, B, C, D OR E)

_____ **A. DOCTOR'S STATEMENT: I have examined the above child within the past year and find that he/she is physically able to take part in the day care program.**

Physician's Signature

Date

_____ **B. A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, if no referral for further diagnosis and treatment is indicated.**

_____ **C. A form or written statement form a health service or clinic.**

_____ **D. PARENT'S STATEMENT: My child has been examined within the past year by a licensed physician and is able to participate in the day care program.**

Name of Physician of EPSDT Screening Site

Address of EPSDT Screening Site

Within the next 12 months, I will obtain a physician's statement, a copy of the medical screening form from the EPSDT Program, or a form or statement from a health service or clinic and will submit it to the day care facility.

OR

_____ **E. My child has an appointment for a physical examination:**

Date

Name and Address of Physician OR Address of EPSDT Screening Site

I will submit the physician's statement, EPSDT form, or health service or clinic form to the day care facility following the examination.

IF YOU CHOSE "D" OR "E",

YOU MUST SIGN HERE: _____

DATE: _____

NOTE: If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician) to the effect and attach it to this form.