

Child Care Immunization Record

Must be on file before a child attends child care.

IMMUNIZATION HISTORY: Fill in the MO/DAY/YR information for children 2 months of age and older. If child received a combined shot (like Hib-hep B), write the date in all the boxes that apply. Vaccine doses that are circled **O** are not required by law.

Vaccine	Dose	MO	DAY	YR
Diphtheria, Tetanus, Pertussis (DTP) • 3 doses during 1st year (at 2-month intervals) • 4 th dose at 12-18 months • 5 th dose at 4-6 years or at school entrance <i>Indicate vaccine type: DTaP or DT.</i>	1			
	2			
	3			
	4			
	5			
Polio (IPV and/or OPV) • 3 doses at 2-18 months • 4 th dose at 4-6 years or at school entrance	Vaccine	MO	DAY	YR
	1			
	2			
Measles, Mumps, Rubella (MMR) • Required for children 15 months and older • Must be given on or after 1 st birthday • 2 nd dose at 4-6 years	Vaccine	MO	DAY	YR
	1			
	2			
Haemophilus influenzae type b (Hib) • 3-4 doses for children at 2-15 months • 1 dose ≥12 months required (suspended 2008*) • 1 dose for previously unvaccinated children 15-59 months • Not indicated for children 5 years or older	Vaccine	MO	DAY	YR
	1			
	2			
	3			
Varicella (Chickenpox) • 1 st dose between 12-18 months • 2 nd dose at 4-6 years or at school entrance (required for kindergarten)	Vaccine	MO	DAY	YR
	1			
	2			
Disease Date:				
Pneumococcal Conjugate Vaccine (PCV) • 2-4 doses for children 2-24 months • Consider for unvaccinated children at 24-59 months in child care • Not indicated for children 5 years or older	Vaccine	MO	DAY	YR
	1			
	2			
	3			
Hepatitis B (Hep B) —required for kindergarten • 3 doses between birth and 18 months	Vaccine	MO	DAY	YR
	1			
	2			
	3			
Rotavirus • 2-3 doses between 2 and 6 months	Vaccine	MO	DAY	YR
	1			
	2			
Influenza (LAIV or TIV) • 1 dose annually for children ≥6 months (1 st time influenza immunization requires 2 doses)	Vaccine	MO	DAY	YR
	1			
	2			
Hepatitis A (Hep A) • 2 doses separated by 6 months for children 12-24 months	Vaccine	MO	DAY	YR
	1			
2				

* Suspended due to vaccine shortage 2008

Name: _____

Birthdate: _____ Date of Enrollment: _____

SIGNATURE(S)

A. For children who are 15 months or older and who have received all the immunizations required by law for child care:

I certify that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for child care.

Signature of Parent/Guardian or Physician/Public Clinic _____ Date _____

B. For children who are younger than 15 months or who have not received all the immunizations required by law for child care:

I certify that the above-named child has received the immunizations indicated to the left and:

will complete the immunizations required by law for child care within 18 months; and/or

immunization is not indicated for medical reasons or laboratory confirmation of adequate immunity exists for the following immunization(s) _____ and/or

the parent/guardian is opposed to certain vaccine(s) as indicated by them in Section C below.

Signature of Physician or Public Clinic _____ Date _____

C. If the parent/guardian conscientiously opposes immunizations:

I understand that not following vaccination recommendations may endanger the health or life of my child and others that my child might come in contact with.

I hereby certify by notarization that:

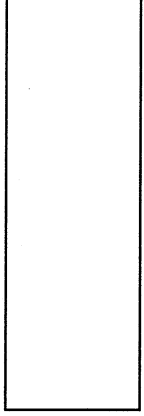
I am opposed to all immunizations.

I am opposed to only the vaccines indicated and have had my physician or health care provider complete Section B above. Vaccine(s) I oppose: _____

Signature of Parent/Guardian _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20____

Signature of Notary Public (A copy of the notarized statement will be forwarded to the commissioner of health.)



Notary Public Stamp