



# Immunization Record

## Personal Data

Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code / Telephone Number
Name of Parent/Guardian (Last, First, Middle Initial)	Address (Street, City, State, Zip)	

## Immunization History

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis					
Polio					
Hib (Haemophilus Influenzae Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (Chickenpox)					

**Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known**

☐ Yes Year \_\_\_\_\_ (Vaccine is not required)

☐ No or Unsure (Vaccine is required)

## Requirements

The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES						
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B		
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	2 Hep B	1 MMR <sup>3</sup>	
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	3 Hep B	1 MMR <sup>3</sup>	1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT <sup>4</sup>	4 Polio			3 Hep B	2 MMR <sup>3</sup>	2 Varicella

<sup>1</sup>If the child began the Hib series at 12-14 months of age, only two doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose four days or less before the first birthday is also acceptable).

<sup>2</sup>If the child began the PCV series at 12-23 months of age, only two doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

<sup>3</sup>MMR vaccine must have been received on or after the first birthday (Note: a dose four days or less before the first birthday is also acceptable).

<sup>4</sup>Children entering kindergarten must have received one dose after the fourth birthday (either the third, fourth or fifth) to be compliant (Note: a dose 4 days or less before the fourth birthday is also acceptable).

## Compliance Date and Waivers

**IF THE CHILD MEETS ALL REQUIREMENTS (sign and return this form to Building Blocks Childcare Center office), OR**

**IF THE CHILD DOES NOT MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to Building Blocks office).**

☐ Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify Building Blocks in writing as each dose is received.

**NOTE: Failure to stay on schedule or report immunizations to Building Blocks Childcare Center may result in court action against the parents and a fine of \$25.00 per day of violation.**

☐ For health reasons this child should not receive the following immunizations: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature Required

☐ For religious reasons this child should not be immunized.

☐ For personal conviction reasons this child should not be immunized.

## Signature

By typing or signing on the below line this form is filled out to the best of my knowledge, this form is complete and accurate.

\_\_\_\_\_  
SIGNATURE - Parent, Guardian or Legal Custodian

\_\_\_\_\_  
Date Signed