

**Preschool / School Immunization Record

Last Name	First Name	Middle Name	Sex M F	Birth Date
Parent /Guardian Name			Daytime Phone #	

Immunization	Vaccine Type	Dose	Date Given			Immunization	Vaccine Type	Dose	Date Given		
			Mo	Day	Yr				Mo	Day	Yr
DTP, DTaP #1 Diphtheria Tetanus Pertussis		1				MMR Measles Mumps Rubella		1			
		2						2			
		3				Hepatitis B 3 doses required Last dose must be given at 6 months of age or older. Some children may have 4 doses		1			
		4						2			
		5						3			
OPV or IPV #2 Polio		1						4			
		2				Hepatitis A There must be 6 calendar months between doses		1			
		3						2			
		4*				PCV 7 or PCV 13 #3 Pneumococcal Conjugate* Under age 5, one dose must be PCV 13		1			
HIB #3 Haemophilus Influenza Type B Pedvax or Comvax is a 3 dose series. No dose is given at 6 months.		1						2			
		2						3			
		3						4			
		4						1			
Rotavirus #4 Rotarix is a 2 dose series given at 2 and 4 months. Rotateq is a 3 dose series given at 2, 4, and 6 months		1				Varicella Chickenpox		2			
		2						1			
		3				Tdap		1			
						Meningococcal		1			

All vaccines given must meet the minimum age and minimum interval for that dose in order to be considered valid.

***#1 - DTaP:** 5th dose is not necessary if the 4th dose given on or after the 4th birthday and at least 6 months have elapsed since the 3rd dose.

***#2 - Polio:** 4th dose is not necessary if the 3rd dose was given on or after the 4th birthday and at least 6 months elapsed since the 2nd dose.

***#3 - Hib and PCV:** If a child begins the series age 7 months or later not all 4 doses will be required. At least 1 dose must be given on or after the 1st birthday. Not given after 59 months of age.

***#4 - Rotavirus:** Should not be started for infants 15 weeks 0 days or older. The maximum age for the final dose is 8 months 0 days.

******If pre-school has children under the age of 4, they must follow Child Care Immunization Laws.

Refer to the 2011 GUIDE TO THE IDAHO IMMUNIZATION REQUIREMENTS