

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.

Diphtheria, Tetanus, Pertussis (DTP)	Vaccine	Dose	MO	DAY	YR
• 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 Indicate vaccine type: DTap or DT.		1			
		2			
		3			
		4			
		5			
Polio (IPV and/or OPV)	Vaccine	Dose	MO	DAY	YR
• 3 doses at 2-18 months • 4 th dose at 4-6 years or at school entrance		1			
		2			
		3			
		4			
Measles, Mumps, Rubella (MMR)	Vaccine	Dose	MO	DAY	YR
• Required for children 15 months and older • Must be given on or after 1 st birthday • 2 nd dose at 4-6 years		1			
		2			
Haemophilus influenzae type b (Hib)	Vaccine	Dose	MO	DAY	YR
• 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		1			
		2			
		3			
		4			
Varicella (Chickenpox)	Vaccine	Dose	MO	DAY	YR
• 1 st dose between 12-18 months • 2 nd dose at 4-6 years or at school entrance		1			
		2			
Disease Date:					
Pneumococcal Conjugate Vaccine (PCV)	Vaccine	Dose	MO	DAY	YR
• 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		1			
		2			
		3			
		4			
Hepatitis B (Hep B)—required for kindergarten	Vaccine	Dose	MO	DAY	YR
• 3 doses between birth and 18 months		1			
		2			
		3			
Rotavirus	Vaccine	Dose	MO	DAY	YR
• 3 doses at 2, 4, and 6 months		1			
		2			
		3			
Influenza (LAIV or TIV)	Vaccine	Dose	MO	DAY	YR
• 1 dose annually for children ≥6 months (1 st time influenza immunization requires 2 doses)		1			
		2			
Hepatitis A (Hep A)	Vaccine	Dose	MO	DAY	YR
• 2 doses separated by 6 months for children 12-24 months		1			
		2			

* Suspended due to vaccine shortage 2008

Child Care Immunization Record

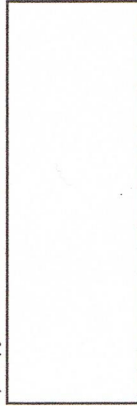
Must be on file **before** a child attends child care.

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 immunizations(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 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