



Child Care Immunization Record

Must be on file before a child attends child care.

Name _____ Birthdate _____ Date of Enrollment _____

IMMUNIZATION HISTORY

Fill in the MO/DAY/YR information for children 2 months of age and older. Vaccines in shaded boxes are not required by law. If child received a combined shot (like Hib-Hep B), write the date in all the boxes that apply.		MO		DAY		YR	
Diphtheria, Tetanus, Pertussis (DTP) • 3 doses during 1st year (at 2 month intervals) • 4th dose at 12-18 months • 5th dose at 4-6 years or at school entrance	Vaccine	1					
		2					
		3					
		4					
		5					
<i>Indicate vaccine type: DTaP or DT.</i>							
Polio (IPV and/or OPV) • 3 doses at 2-18 months • 4th dose at 4-6 years or at school entrance	Vaccine	1					
		2					
		3					
		4					
Measles, Mumps, Rubella (MMR) • Required for children 15 months and older • Must be given on or after 1st birthday • 2nd dose at 4-6 years	Vaccine	1					
		2					
		3					
		4					
Haemophilus influenzae type b (Hib) • 3-4 doses for children at 2-15 months • 1 dose for previously unvaccinated children 15 months - 5 years • Not indicated for children 5 years or older	Vaccine	1					
		2					
		3					
		4					
Varicella (Chickenpox) • 1 dose between 12-18 months	Disease Date:						
	Vaccine	1					
		2					
		3					
		4					
Pneumococcal Conjugate Vaccine (PCV) • 2-4 doses for all children 2-24 months • Consider for unvaccinated children at 24-59 months in child care • Not indicated for children 5 years or older	Vaccine	1					
		2					
		3					
		4					
Hepatitis B (hep B) —required for kindergarten • 3 doses between birth and 18 months	Vaccine	1					
		2					
		3					

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 are: _____

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