

# 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/doses 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.

Diphtheria, Tetanus, Pertussis (DTP)	Vaccine	MO	DAY	YR
<ul style="list-style-type: none"> <li>• 3 doses during 1st year (at 2-month intervals)</li> <li>• 4th dose at 12-18 months</li> <li>• 5th dose at 4-6 years or at school entrance</li> </ul>	1			
	2			
	3			
	4			
	5			
<i>Indicate vaccine type: DTaP or DT.</i>				
Polio (IPV and/or OPV)	Vaccine	MO	DAY	YR
<ul style="list-style-type: none"> <li>• 3 doses at 2-18 months</li> <li>• 4th dose at 4-6 years or at school entrance</li> </ul>	1			
	2			
	3			
	4			
Measles, Mumps, Rubella (MMR)		MO	DAY	YR
<ul style="list-style-type: none"> <li>• Required for children 15 months and older</li> <li>• Must be given on or after 1st birthday</li> <li>• 2nd dose at 4-6 years</li> </ul>				
Haemophilus Influenzae type b (Hib)	Vaccine	MO	DAY	YR
<ul style="list-style-type: none"> <li>• 3-4 doses for children at 2-15 months</li> <li>• 1 dose for previously unvaccinated children 15 months - 5 years</li> <li>• Not indicated for children 5 years or older</li> </ul>	1			
	2			
	3			
	4			
Varicella (Chickenpox)	Vaccine	MO	DAY	YR
• 1 dose between 12-18 months				
<b>Disease Date:</b>				
Pneumococcal Conjugate Vaccine (PCV)	Vaccine	MO	DAY	YR
<ul style="list-style-type: none"> <li>• 2-4 doses for all children 2-24 months</li> <li>• Consider for unvaccinated children at 24-59 months in child care</li> <li>• Not indicated for children 5 years or older</li> </ul>	1			
	2			
	3			
	4			
Hepatitis B (Hep B)—required for kindergarten	Vaccine	MO	DAY	YR
• 3 doses between birth and 18 months	1			
<i>Not required in preSchool</i>	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 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

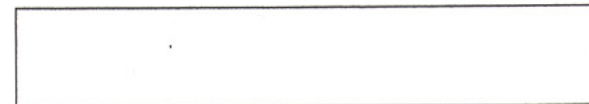
- C. If the parent/guardian **conscientiously opposes** immunizations:

I 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