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. If child received a combined shot (like Hib-hep B), write the date in all the boxes that apply. Vaccine doses that are circled (n) are not required by law.

Diphtheria, Tetanus, Pertussis (DTP)	**Vaccine**	**Dose**	**MO**	**DAY**	**YR**
• 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 *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 • 4th 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 1st birthday • 2nd 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**
• 1st dose between 12-18 months • 2nd 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 (1st 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

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

Minnesota Immunization Program: 651-201-5503 or 1-800-657-3970 (MDH, 6/2008)