CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center.** These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

	PERSONAL DATA		PLEASE PRINT						
STEP 1	Child's Name(Last, First, Middle Initial)				Date of Birth (Month/Day/Year) Area Co			Area Code Number	e/Telephone
	Name of Parent/Guardian/Legal Cu	tial)	Address (Street, Apartment number, City, State, Zip)						
	IMMUNIZATION HISTORY								
STEP 2	ist the MONTH, DAY AND YEAR the child received each of the following immunizations. If you do not have an immunization record for this child contact your doctor or local public health department to obtain the records.								
	TYPE OF VACCINE	PE OF VACCINE		First Dose Second Do Month/Day/Year Month/Day/				rth Dose /Day/Year	Fifth Dose Month/Day/Year
	Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT) Polio								
	Hib (Haemophilus <i>Influenzae</i> Type B)								
	Pneumococcal Conjugate Vaccine (PCV)								
	Hepatitis B								
	Measles-Mumps-Rubella (MMR) Varicella (Chickenpox)								
	History of Varicella/Chickenpox								
	In accordance with DHS 144.03(2)(g), I attest that this child has a reliable history of varicella disease and is not required to receive Varicella vaccine.								
		SI	GNATURE – Physicia	an/PA/APNP		Date Signed			
	REQUIREMENTS								
STEP 3	The following are the minimum required immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated dates of additional required doses.								
	AGE LEVELS					BER OF DOSES			
	5 months through 15 months				Hib		lep B		
	16 months through 23 months				Hib ¹		lep B	1 MMR ³	4) (
	2 years through 4 years At Kindergarten entrance			3 Polio 3 4 Polio	Hib ¹		lep B lep B	1 MMR ³ 2 MMR ³	1 Varicella 2 Varicella
	¹ If the child began the Hib series at 12-14 months of age, only two doses are required. If the child received one dose of Hib at 15 m after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose four days or I first birthday is also acceptable). ² If the child began the PCV series at 12-23 months of age, only two doses are required. If the child received the first dose of PCV at								months of age or or less before the
	age or after, no additional doses are required. ³ MMR vaccine must have been received on or after the first birthday (Note: a dose four days or less before the first birthday is also acceptable). ⁴ Children entering kindergarten must have received one dose after the fourth birthday (either the third, fourth or fifth) to be compliant (Note: a dose days or less before the fourth birthday is also acceptable). COMPLIANCE DATA AND WAIVERS								
STEP 4	IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR								
	IF THE CHILD DOES NOT MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).								
	 Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child WITHIN ONE YEAR and to notify the child care center in writing as each dose is received. NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of \$25.00 per day of violation. 								
	For health reasons this child sl received)	nould not	receive the following	immunizations	;	(List in STEP	2 any in	nmunizations	already
	Physician's Signature Required								
	For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received) For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):								
	SIGNATURE								
STEP 5	To the best of my knowledge, this form is complete and accurate.								
	SIGNATURE - Parent, Guardian c		Date Signed						