

## DAY CARE IMMUNIZATION RECORD

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

### PERSONAL DATA

PLEASE PRINT

|               |   |  |                            |
|---------------|---|--|----------------------------|
| <b>STEP 1</b> | Child's Name (Last, First, Middle Initial)                            | Date of Birth (Month/Day/Year)                       | Area Code/Telephone Number |
|               | Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial) | Address (Street, Apartment number, City, State, Zip) |                            |

### IMMUNIZATION HISTORY

**STEP 2** List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (4) OR (X) except to indicate whether the child has had chickenpox. 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   | First Dose<br>Month/Day/Year | Second Dose<br>Month/Day/Year | Third Dose<br>Month/Day/Year | Fourth Dose<br>Month/Day/Year | Fifth Dose<br>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) vaccine<br>Vaccine is required only if the child has not had chickenpox disease. |                              |                               |                              |                               |                              |

**Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.**  
 Yes year \_\_\_\_\_ (Vaccine is not required)  
 No or Unsure (Vaccine is required)

### 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 day care entrance. Children who reach a new age/grade level while attending this day care must have their records updated with dates of additional required doses.

| AGE LEVELS                  | NUMBER OF DOSES            |         |                    |                    |         |                                |
|-----------------------------|----------------------------|---------|--------------------|--------------------|---------|--------------------------------|
| 5 months through 15 months  | 2 DTP/DTaP/DT              | 2 Polio | 2 Hib              | 2 PCV              | 2 Hep B |                                |
| 16 months through 23 months | 3 DTP/DTaP/DT              | 2 Polio | 3 Hib <sup>1</sup> | 3 PCV <sup>2</sup> | 2 Hep B | 1 MMR <sup>3</sup>             |
| 2 years through 4 years     | 4 DTP/DTaP/DT              | 3 Polio | 3 Hib <sup>1</sup> | 3 PCV <sup>2</sup> | 3 Hep B | 1 MMR <sup>3</sup> 1 Varicella |
| At Kindergarten entrance    | 4 DTP/DTaP/DT <sup>4</sup> | 4 Polio |                    |                    | 3 Hep B | 2 MMR <sup>3</sup> 2 Varicella |

<sup>1</sup>If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).  
<sup>2</sup>If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.  
<sup>3</sup>MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1<sup>st</sup> birthday is also acceptable).  
<sup>4</sup>Children entering kindergarten must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup>) to be compliant (Note: a dose 4 days or less before the 4<sup>th</sup> 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 day care center), OR**  
**IF THE CHILD DOES NOT MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to day 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 day care center in writing as each dose is received.

**NOTE: Failure to stay on schedule or report immunizations to the day care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.**

For health reasons this child should not receive the following immunizations \_\_\_\_\_ (List in STEP 2 any immunizations already received)

\_\_\_\_\_  
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 or Legal Custodian

\_\_\_\_\_  
Date Signed