Division of Public Health F-44192 (Rev. 09/08)

## 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.

Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)  Polio  Hib (Haemophilus Influenzae Type B)  Pneumococcal Conjugate Vaccine (PCV)  Hepatitis B  Measles-Mumps-Rubella (MMR)  Varicella (chickenpox) vaccine 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)  REQUIREMENTS  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 updates of additional required doses.  AGE LEVELS  Smumber OF DOSES  NUMBER OF DOSES  Smuth Though 15 months  2 DTP/DTaP/DT  2 Polio  3 Hib 2 PCV  2 Hep B  16 months through 23 months  3 DTP/DTaP/DT  2 Polio  3 Hib 3 PCV  3 Hep B  1 MMR  1 Varia	PERSONAL DATA			PLEASE P						
MMUNIZATION HISTORY	Child's Name(Last, First, Middleth	nitial)		•	Date	e of Birth (Month/Da	ay/Year)	Area Code	e/Telephone Nun	
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 the child has had chickepnoe, if you do not have an immunization record or this child, contact your dector or local be health departed obtain the records.  TYPE OF VACCINE  First Dose  Month/Day/Year  Mon	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)					Address (Street, Apartment number, City, State, Zip)				
2 List the MONTH, DAY AND YEAR the child received seach of the following immunizations. DO NOT USE A (4) OR (X) except to indicate the child has had chickenpox. If you do not have an immunization record for this child, contact your dector or local public health departs obtain the records.  TYPE OF VACCINE  First Dose  Month/Day/Year	IMMUNIZATION HISTORY					•	•			
TYPE OF VACCINE.   First Dose   Second Dose   Third Dose   Fourth Dose   Month/Day/Year   M	List the MONTH, DAY AND YEAR	R the child	received each of the	following immu	unizati	ons. DO NOT USE	A (4) OR	(X) except t	o indicate wheth	
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*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 less before the 4 <sup>th</sup> birthday is also acceptable).  COMPLIANCE DATA AND WAIVERS  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 received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for this child WITHIN ONE YEA notify the day care center in writing as each dose is received.  NOTE: Fallure to stay on schedule or report immunizations to the day care center may result in court action against the parents 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)  For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received):  SIGNATURE	age of after, no additional doses	are require	₹0.							
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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 received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for this child WITHIN ONE YEA 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 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						•				
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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			receive the following	immunizations		(List in STE	P 2 any ir	nmunization	s already receiv	
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For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):  SIGNATURE	For religious reasons this chile	d should n					received)			
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	To the best of my knowledge this for	orm is con	plete and accurate.				×.		:	
SIGNATURE - Parent, Guardian or Legal Custodian Date Signed	SIGNATURE - Parent Guardian of	r Legal Co	etodian			B-1- 83				