

The parent/guardian must submit a certificate of immunization on child's first day of attendance or within 30 calendar days from the first day of attendance.

|  |  |
| --- | --- |
| Child’s full name: | Date of birth: |

Enter the date of each dose received (Month/Day/Year) or attach a copy of the immunization record.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vaccine Type** | **Abbreviation** | **Trade Name** | **Combination Vaccines** | **1**  **date** | **2**  **date** | **3**  **date** | **4**  **date** | **5**  **date** |
| Diphtheria, Tetanus,  Pertussis | DTaP, DT, DTP | Infanrix,  Daptacel | Pediarix, Pentacel, Kinrix |  |  |  |  |  |
| Polio | IPV | IPOL | Pediarix, Pentacel, Kinrix |  |  |  |  |  |
| Haemophilus influenza type B | Hib (PRP-T) Hib (PRP-OMP) | ActHIB,  PedvaxHIB \*\*,  Hiberix | Pentacel |  |  |  |  |  |
| Hepatitis B | HepB, HBV | Engerix-B, Recombivax HB | Pediarix |  |  |  |  |  |
| Measles, Mumps,  Rubella | MMR | MMR II | ProQuad |  |  |  |  |  |
| Varicella/Chicken Pox | Var | Varivax | ProQuad |  |  |  |  |  |
| Pneumococcal Conjugate\* | PCV, PCV13,  PPSV23\*\*\* | Prevnar 13, Pneumovax\*\*\* |  |  |  |  |  |  |
| \*Required by state law for children born on or after 7/1/2015.  \*\*3 shots of PedvaxHIB are equivalent to 4 Hib doses. 4 doses are required if a child receives more than one brand of Hib shots.  \*\*\*PPSV23 or Pneumovax is a different vaccine than Prevnar 13 and may be seen in high risk children over age 2. These children would also have received Prevnar 13.  **Note:** Children beyond their 5th birthday are not required to receive Hib or PCV vaccines. | | | | | | | | |
| **Gray shaded boxes above indicate that the child should not have received any more doses of that vaccine.** | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Record updated by:** | **Date** | **Record updated by:** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Minimum State Vaccine Requirements for Child Care Entry**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **By This Age:** | **Children Need These Shots:** | | | | | | |
| 3 months | 1 DTaP | 1 Polio |  | 1 Hib | 1 Hep B | 1 PCV |  |
| 5 months | 2 DTaP | 2 Polio |  | 2 Hib | 2 Hep B | 2 PCV |  |
| 7 months | 3 DTaP | 2 Polio |  | 2-3 Hib\*\* | 2 Hep B | 3 PCV |  |
| 12-16 months | 3 DTaP | 2 Polio | 1 MMR | 3-4 Hib\*\* | 3 Hep B | 4 PCV | 1 Var |
| 19 months | 4 DTaP | 3 Polio | 1 MMR | 3-4 Hib\*\* | 3 Hep B | 4 PCV | 1 Var |
| 4 years or older (in child care only) | 4 DTaP | 3 Polio | 1 MMR | 3-4 Hib\*\* | 3 Hep B | 4 PCV | 1 Var |
| 4 years and older (in kindergarten) | 5 DTaP | 4 Polio | 2 MMR | 3-4 Hib\*\* | 3 Hep B | 4 PCV | 2 Var |
| **Note:** For **c**hildren behind on immunizations, a catch-up schedule must meet minimal interval requirements for vaccines within a series. Consult with child’s health care provider for questions. | | | | | | | |

**Vaccines Recommended (not required) by the Advisory Committee on Immunization Practices (ACIP)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vaccine**  **Type** | **Abbreviation** | **Trade Name** | **Recommended Schedule** | **1**  **date** | **2**  **date** | **3**  **date** | **4**  **date** | **5**  **date** |
| Rotavirus | RV1, RV5 | Rotateq, Rotarix | Age 2 months, 4 months, 6  months. |  |  |  |  |  |
| Hepatitis A | Hep A | Havrix, Vaqta | First dose, age 12-23 months. Second dose, within 6-18 months. |  |  |  |  |  |
| Influenza | Flu, IIV, LAIV | Fluzone, Fluarix, FluLaval, Flucelvax,  FluMist, Afluria | Annually after age 6 months. |  |  |  |  |  |