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 are not required by law.

느				0		12-24 months
1				①		<ul> <li>2 doses separated by 6 months for children</li> </ul>
	YR	DAY	MO	Dose	Vaccine	Hepatitis A (Hep A)
ـــــا				0		(1st time influenza immunization requires 2 doses)
				Θ		<ul> <li>1 dose annually for children ≥6 months</li> </ul>
	ΥR	DAY	MO	Dose	Vaccine	Influenza (LAIV or TIV)
				3		
				0		
				0		<ul> <li>2-3 doses between 2 and 6 months</li> </ul>
	ΥR	DAY	МО	Dose	Vaccine	Rotavirus
				(3)		
				0		
_				(1)		<ul> <li>3 doses between birth and 18 months</li> </ul>
i .	ΥR	DAY	MO	Dose	Vaccine	Hepatitis B (Hep B)-required for kindergarten
				4		. Not illuicated for cilial ell o years of older
_				3		Not indicated for children is years or older
_				2		Consider for unvaccinated children at 24-59
				1		• 2-4 doses for children 2-24 months
i	ΥR	DAY	MO	Dose	Vaccine	Pneumococcal Conjugate Vaccine (PCV)
_				**	Disease Date:	(required for kindergarteri)
				0		• 2 <sup>nd</sup> dose at 4-6 years or at school entrance
<u> </u>				_		• 1st dose between 12-18 months
L	ЯY	DAY	МО	Dose	Vaccine	Varicella (Chickenpox)
				<b>(4)</b>		<ul> <li>Not indicated for children 5 years or older</li> </ul>
				ၜ		I dose for previously unvaccinated children     15-59 months
				2		• 1 dose ≥12 months required (suspended 2008*)
				-		• 3-4 doses for children at 2-15 months
	YR	DAY	MO	Dose	Vaccine	Haemophilus influenzae type b (Hib)
				2		• 2nd dose at 4-6 years
				1		• Required for children 15 months and older
	YR	DAY	МО	Dose	Vaccine	Measles, Mumps, Rubella (MMR)
				<b>④</b>		
				3		
				2		<ul> <li>4<sup>th</sup> dose at 4-6 years or at school entrance</li> </ul>
				1		•3 doses at 2-18 months
	ΥR	DAY	MO	Dose	Vaccine	Polio (IPV and/or OPV)
				6		
				4		mulcate vaccine type. Diar of Di.
				3		-5" dose at 4-6 years or at school entrance
				2		• 4th dose at 12-18 months
						• 3 doses during 1st year (at 2-month intervals)
	ΥR	DAY	МО	Dose	Vaccine	Diphtheria, Tetanus, Pertussis (DTaP)
l					uired by law.	apply. Vaccine doses that are circled ( ) are not required by law.

<sup>\*</sup> Suspended due to vaccine shortage 2008

## Child Care Immunization Record

Must be on file before a child attends child care.

		Pure the paragraph of	Signature of Physic	Starting Septer For children who I certify that varicella imm varicella disease that I ha past varicella infection in	Signature of Physic	Birthdate:  SIGNATURE(S)  For childre  L certify that the a which are required by I certify that the a which include completed wi and/or  R  Bignature of Parent/C  Signature of Parent/C  Signature of Parent/C  The following laboratory coine see C.)	Name:
Signature of Notary Public (A copy of the notarized statement	before me this	If the parent/guardian conscientiously opposes immunizations: nderstand that not following vaccination recommendations may endang ild and others that my child might come in contact with. I hereby certify I am opposed to all immunizations.  I am opposed to only the vaccines indicated. Vaccine(s) I oppose:	Signature of Physician/Nurse Practitioner/Physician Assistant (Before September 2010, a parent can sign.)	Starting September 2010 (Before September 2010, a parent can sign.):  For children who are 18 months or older who have a history of varicella disease:  tify that varicella immunization is not indicated for the above-named child due to a histor  cella disease that I have diagnosed or had adequately described to me by the parent to it  varicella infection in	Signature of Physician/Nurse Practitioner/Physician Assistant	Signature of Parent/Guardian or Physician/Nurse Practitioner/Physician Assistant/Public Clinic  Signature of Parent/Guardian or Physician/Nurse Practitioner/Physician Assistant/Public Clinic  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 includes beginning the immunization series required by law for child care:  I certify that the above-named child has received the immunizations indicated to the left, which includes beginning the immunization series required by law for child care that m completed within 18 months of starting them (DTP, polio, pneumococcal),  and/or  I the following immunization(s) are not indicated because of medical reasons, history of a laboratory confirmation of adequate immunity: (Starting September 2010 for varicella see C.)	
	Date day of, 20	If the parent/guardian conscientiously opposes immunizations:  I understand that not following vaccination recommendations may endanger the health or life of my child and others that my child might come in contact with. I hereby certify by notarization that:  I am opposed to all immunizations.  I am opposed to only the vaccines indicated. Vaccine(s) I oppose:	ore September 2010, a parent can sign.) Date	Starting September 2010 (Before September 2010, a parent can sign.): For children who are 18 months or older who have a history of varicella disease: I certify that varicella immunization is not indicated for the above-named child due to a history of varicella disease that I have diagnosed or had adequately described to me by the parent to indicate past varicella infection in	Date	ignature of Parent/Guardian or Physician/Nurse Practitioner/Physician Assistant/Public Clinic  B 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/Nurse Practitioner/Physician Assistant/Public Clinic  Date  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, which includes beginning the immunization series required by law for child care that must be completed within 18 months of starting them (DTP, pollo, pneumococcal),  and/or  the following immunization(s) are not indicated because of medical reasons, history of disease, or laboratory confirmation of adequate immunity: (Starting September 2010 for varicella disease see C.)	

# Child Care Immunization Record - Instructions

Immunization information must be on file before a child attends child care

## Who should complete and sign this form?

Who signs depends on the child's age and situation: Either the parent/guardian, health care provider, or child care provider can fill in the child's immunization history.

- If the child is at least 15 months old and has had all the shots required by law, a
  parent or guardian can sign the form in Section A.
- If the child is younger than 15 months or has not had all the shots required by law, then a health care provider must sign in Section B, saying the child has begun the required shots or can't for medical reasons.
- Starting in September 2010, if the child is 18 months or older and has had varicella disease (chickenpox), a health care provider must sign in Section C (Before September 2010, a parent can sign.)
- If a parent or guardian objects to a certain shot or all shots the parent or guardian must complete Section D and have it notarized by a notary public.

#### Notes for Parents

 Give your child's immunization history to the child care provider when you enroll.

Minnesota law (Minn. Stat. 121A. 15) requires children enrolled in a Minnesota child care to be immunized against certain diseases or have a legal exemption. This form is designed to provide the child care provider with the information required by law. This or a similar form must be kept on file with the child care provider.

Keep track of your child's shots, and tell your child care provider each time your child gets a shot.

It will save you time if you keep a shot record for each of your children. Be sure to have the record updated each time your child receives a shot.

Child care will be the first of many times you will need the shot record. You will also need this record for school, camp, college, and if you go to a new doctor or clinic.

3. If your child is not up to date on his or her shots, you can catch up.

By law you have 18 months after enrolling for your child to have all his or her required shots. Your child doesn't have to restart a delayed series.

Minnesota children are still getting diseases like measles, mumps, and rubella. These diseases are contagious. They can spread rapidly—especially among groups of children who have not received their shots. And some of them, like pertussis (whooping cough), are much more serious for children than they are for adults. As a parent, you can protect your children by making sure they get all their shots. Most shots are due by 2 years of age.

4. If your child has had chickenpox, he or she does not need a varicella shot.

### **Notes for Child Care Providers**

Be sure you have a complete immunization history on file for all children
 months of age and older.

This specific form, or an MDH-approved form, is required by law. If you run a licensed child care facility in Minnesota you must have the information this form contains on file before a child enrolls. If a child enrolls at a younger age, you must obtain immunization information when they reach 2 months of age.

2. Keep track of the date when each child's required immunizations are due by law.

If a child is 2 months of age or older and has not yet received all their required shots, you should note the date when these immunizations will be due by law: 18 months after the child enrolls in your facility.

Unless they are otherwise exempt, Minnesota law requires preschoolers in child care to have shots for DTP, polio, MMR, PCV, Hib, and varicella. If the child has had chickenpox disease, he or she does not need a varicella shot, but starting in September 2010, they must have a provider's signature to document this and the year the child had chickenpox. Immunization against hepatitis A, hepatitis B, rotavirus, and influenza are not required by law; however, it is strongly recommended for children in child care.

 Be sure each child's immunization history clearly indicates whether or not they received pertussis vaccine. (DTaP and DTP contain pertussis vaccine; DT does not.)

Nationwide there has been an increase in pertussis disease (whooping cough). If an outbreak of pertussis disease occurs in your child care center, you will need to be able to quickly identify which children are protected and which are not.

Remind parents to immunize children on time.

As a child care provider, you are in an excellent position to help remind parents about immunizations.

Make sure the immunization records you have on file for each child are up to date, and regularly remind parents when shots are due.

Ask your local health department for an updated immunization schedule each calendar year, so you will have the latest information on hand.

#### Questions?

If you have a question about immunizations, call your clinic or your local public health department.

Immunization Program P.O. Box 64975
St. Paul, MN 55164-0975
651-201-5503 or 1-800-657-3970
www.health.state.mn.us/immunize
IC#140-0163 (MDH, 4/2010)

Immunization Program M I N N E S 0 T