

## Child Care Immunization Record

| Last Name             | ne First Name |     | Middle Name |     | Sex        |                 | Birth Da | Birth Date |            |      |    |  |
|-----------------------|---------------|-----|-------------|-----|------------|-----------------|----------|------------|------------|------|----|--|
|                       |               |     |             |     |            |                 |          |            |            |      |    |  |
|                       |               |     |             |     | M          | F               |          |            |            |      |    |  |
| Parent /Guardian Name |               |     |             |     |            | Daytime Phone # |          |            |            |      |    |  |
|                       |               |     |             |     |            |                 |          |            |            |      |    |  |
|                       |               |     |             |     |            |                 |          |            |            |      |    |  |
|                       |               |     |             |     |            |                 |          |            |            |      | -  |  |
| Immunization          | Vaccine       | Age | Date Given  | lmr | munization |                 | Vaccine  | Dose       | Date Given |      |    |  |
|                       | Type          |     |             |     |            |                 | Туре     |            |            |      |    |  |
|                       |               |     | Me Dev Vr   |     |            |                 |          |            | 1/10       | Davi | V۳ |  |

| Immunization   | Vaccine<br>Type | Age      | Date Given |     | en | Immunization                        | Vaccine<br>Type | Dose    | Date Given |  |  |
|--|-----------------|----------|------------|-----|----|-------------------------------------|-----------------|---------|------------|--|--|
|  | ''              |          | Мо         | Day | Yr | 1                                   |                 |         | Mo Day Yr  |  |  |
| DTP, DTaP #1<br>Diphtheria<br>Tetanus<br>Pertussis   |                 | 3 mo     |            |     |    | MMR<br>Measles                      |                 | 16 mo   |            |  |  |
|  |                 | 5 mo     |            |     |    | Mumps<br>Rubella                    |                 | 7 yrs   |            |  |  |
|  |                 | 7 mo     |            |     |    | Hepatitis B                         |                 | 3 mo    |            |  |  |
|  |                 | 19       |            |     |    | 3 doses required. Last dose must be |                 | 5 mo    |            |  |  |
|  |                 | mo       |            |     |    | given at 6 months of age or older.  |                 | 19 mo   |            |  |  |
|  |                 | 7 yrs    |            |     |    | Some children may have 4 doses      |                 | 19 1110 |            |  |  |
| <b>OPV or IPV</b> #2<br>Polio  |                 | 3 mo     |            |     |    | nave 4 doses                        |                 |         |            |  |  |
| OPV by mouth   |                 | 5 mo     |            |     |    | Hepatitis A                         |                 | 16 mo   |            |  |  |
| IPV by injection   |                 |          |            |     |    | There must be 6 calendar months     |                 |         |            |  |  |
|  |                 | 19<br>mo |            |     |    | between doses                       |                 | 2 yrs   |            |  |  |
|  |                 | 7 yrs    |            |     |    | PCV 7 or PCV<br>13*#3               |                 | 3 mo    |            |  |  |
| HIB#3 Haemophilus Influenza Type B *7 mo shot not needed if series given with Pedvax or ComVax. *Not given over 5 yrs      |                 | 3 mo     |            |     |    | Pneumococcal<br>Conjugate*          |                 | 5 mo    |            |  |  |
|  |                 | 5 mo     |            |     |    | Under age 5, one dose must be PCV   |                 | 7 mo    |            |  |  |
|  |                 | *7<br>mo |            |     |    | 13                                  |                 | 16 mo   |            |  |  |
|  |                 | 16<br>mo |            |     |    | Varicella<br>Chickenpox             |                 | 16 mo   |            |  |  |
| Rotavirus#4  |                 | 3 mo     |            |     |    |                                     |                 | _       |            |  |  |
| Rotarix is a 2 dose<br>series given at 2 and<br>4 months.<br>Rotateq is a 3 dose<br>series given at 2, 4,<br>and 6 months. |                 |          |            |     |    |                                     |                 | 7 yrs   |            |  |  |
|  |                 | 5 mo     |            |     |    | Tdap#5                              |                 |         |            |  |  |
|  |                 | 7 mo     |            |     |    | Meningococcal<br>#5                 |                 |         |            |  |  |

All vaccines given must meet the minimum age and minimum interval for that dose in order to be considered valid.

- #1 DTaP: 5<sup>th</sup> dose is not necessary if the 4<sup>th</sup> dose given on or after the 4<sup>th</sup> birthday and at least 6 months have elapsed since
- #2 Polio: 4<sup>th</sup> dose is not necessary if the 3<sup>rd</sup> dose was given on or after the 4<sup>th</sup> birthday and at least 6 months elapsed since the 2<sup>nd</sup> dose.
- #3 Hib and PCV: If a child begins the series age 7 months or later not all 4 doses will be required. At least 1 dose must be given on or after the 1<sup>st</sup> birthday. Not given after 59 months of age.
- #4 Rotavirus: Should not be started for infants 15 weeks 0 days or older. The maximum age for the final dose is 8 months 0
- #5 Tdap & Meningococcal: Due at age 11-12 years; not required for childcare