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 O are not required by law.

				0		
tussis (DTaP)         Vaccine         Dose         MO         DAY         YR           at 2-month intervals)         2         3         3         3         3         3         3         3         3         3         4<				Θ		• 2 doses separated by 6 months for children
tussis (DTaP)         Vaccine         Dose         MO         DAY         YR           at 2-month intervals)         2         3         3         4         3         3         4         4         3         3         4<	¥	DAY	MO	Dose	Vaccine	Hepatitis A (Hep A)
tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           at 2-month intervals)         1         3         3         3         3         3         3         3         3         4<				1		(1st time influenza immunization requires 2 doses)
tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           at 2-month intervals)         1         2				Θ		<ul> <li>1 dose annually for children 6 months or younger</li> </ul>
tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           at 2-month intervals)         1         2	¥	DAY	MO	Dose	Vaccine	Influenza (LAIV or TIV)
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tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           school entrance aP or DT.         4 <t< td=""><td></td><td></td><td></td><td>2</td><td></td><td></td></t<>				2		
tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           school entrance aP or DT.         3         3         4 <t< td=""><td></td><td></td><td></td><td>Θ</td><td></td><td><ul><li>2-3 doses between 2 and 6 months</li></ul></td></t<>				Θ		<ul><li>2-3 doses between 2 and 6 months</li></ul>
tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           school entrance aP or DT.         3         3         4 <t< td=""><td>Ϋ́R</td><td>DAY</td><td>MO</td><td>Dose</td><td>Vaccine</td><td>Rotavirus</td></t<>	Ϋ́R	DAY	MO	Dose	Vaccine	Rotavirus
tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           school entrance aP or DT.         2         3         3         4         3         3         4         3         3         4 <t< td=""><td></td><td></td><td></td><td>(3)</td><td></td><td></td></t<>				(3)		
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tussis (DTaP)         Vaccine         Dose         MO         DAY         YR           at 2-month intervals)         1         1         4<	¥	DAY	MO	Dose	Vaccine	Hepatitis B (Hep B)-required for kindergarten
tussis (DTaP)         Vaccine         Dose         MO         DAY         YR           at 2-month intervals)         1         1         4         4           school entrance aP or DT.         2         3         3         4           school entrance aP or DT.         Vaccine         Doss         MO         DAY         YR           t school entrance aP or DT.         Vaccine         Doss         MO         DAY         YR           t school entrance accinated children accinated children at 24-59         Vaccine         Doss         MO         DAY         YR           Vaccine at 24-59         Vaccine         Doss         MO         DAY         YR           Disease Date:         Vaccine         Doss         MO         DAY         YR           Disease Date:         Vaccine         Doss         MO         DAY         YR				4		Mot illaicated to climpion of Jeans of Oraci
tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           at 2-month intervals)         1         1         4<				ယ		Not indicated for children 5 years or older
tussis (DTaP)         Vaccine         Dose         MO         DAY         YR           at 2-month intervals)         1         1         4         4           school entrance aP or DT.         2         3         4         4           school entrance aP or DT.         Vaccine         Dose         MO         DAY         YR           t school entrance aP or DT.         Vaccine         Dose         MO         DAY         YR           t school entrance aP or DT.         Vaccine         Dose         MO         DAY         YR           a (MMR)         Vaccine         Dose         MO         DAY         YR           ppe b (Hib)         Vaccine         Dose         MO         DAY         YR           2-15 months and older required accinated children         1         DAY         YR           1 Syears or older         2         DAY         YR           2 Syears or older         4         DAY         YR           2 MO         DAY         YR           2 Disease Date:         DAY         YR				2		• Consider for unvaccinated children at 24-59
tussis (DTaP)         Vaccine         Dose         MO         DAY         YR           at 2-month intervals)         1         4         4           school entrance aP or DT.         2         3         4           school entrance aP or DT.         Vaccine         Dose         MO         DAY         YR           t school entrance aP or DT.         Vaccine         Dose         MO         DAY         YR           t school entrance r 1st birthday         Vaccine         Dose         MO         DAY         YR           2-15 months and older r 1st birthday         1         Day         YR           2-15 months accinated children accinated children         2         MO         DAY         YR           3 st school entrance nonths         4         Day         YR           basse base Date:         DAY         YR				-		
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tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           at 2-month intervals)         1         1         1           school entrance aP or DT.         2         3         3         4           School entrance         5         MO         DAY         YR           It school entrance         2         MO         DAY         YR           It school entrance         2         MO         DAY         YR           In school entrance         2         MO         DAY         YR           In school entrance         3         MO         DAY         YR           In school entrance         2         MO         DAY         YR           In school entrance         3         MO         DAY         YR           In school entrance         2         MO         DAY         YR           In school entrance         3         MO         DAY         YR           In school entrance         1         MO         DAY         YR           In school entrance         2         MO         DAY         YR           In school entrance         3         MO         DAY         YR				0		• 2nd dose at 4-6 years or at school entrance
tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           at 2-month intervals)         1         1         1           school entrance aP or DT.         3         3         3         4           \$\sqrt{\text{S}}\$ or DT.         \$\sqrt{\text{S}}\$ or ODT.         4						• 1st dose between 12-18 months
tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           at 2-month intervals)         1         1         1           school entrance aP or DT.         2         3         3         3           4         4         4         4         4           4         4         4         4         4           4         4         4         4         4           4         4         4         4         4           4         4         4         4         4           4         4         4         4         7           4         4         4         4         7           4         4         4         4         7           4         4         4         4         7           4         4         4         4         4         4           4         4         4         4         4         4           4         4         4         4         4         4           4         4         4         4         4         4           5         4         4         <	Ŕ	DAY	MO	Dose	Vaccine	Varicella (Chickenpox)
tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           at 2-month intervals)         1         1         1           school entrance aP or DT.         2         3         3         3           Vaccine         Doss         MO         DAY         YR           t school entrance         2         MO         DAY         YR           t school entrance         2         MO         DAY         YR           la (MMR)         Vaccine         0         MO         DAY         YR           months and older rounths and older         1         MO         DAY         YR           2-15 months older required         0         MO         DAY         YR           2-15 months older required older required         1         MO         DAY         YR           3         1         MO         DAY         YR		L		<b>(</b>		<ul> <li>Not indicated for children 5 years or older</li> </ul>
tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           at 2-month intervals)         1         1         1           school entrance         2         2         1           aP or DT.         4         3         3         4           \$\sqrt{s}\$ or DT.         \$\sqrt{s}\$ MO         DAY         YR           \$\sqrt{s}\$ school entrance         2         MO         DAY         YR           \$\sqrt{s}\$ tschool entrance         2         3         3         4         4         4         4         4         4         4         4         4         4         4         4         7         4				ω		• 1 dose for previously unvaccinated children
tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           at 2-month intervals)         1         2            school entrance aP or DT.         2          3             school entrance aP or DT.         Vaccine         Doss         MO         DAY         YR           t school entrance aP or DT.         2 <td></td> <td></td> <td></td> <td>2</td> <td></td> <td>• 1 dose for 12 months or older required</td>				2		• 1 dose for 12 months or older required
tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           at 2-month intervals)         1         2         2           school entrance aP or DT.         3         3         3         4           Vaccine         Doss         MO         DAY         YR           t school entrance         2         MO         DAY         YR           t school entrance         2         3         3         3           ta (MMR)         Vaccine         Doss         MO         DAY         YR           months and older r 1st birthday         Vaccine         Doss         MO         DAY         YR           Vaccine         Doss         MO         DAY         YR				_		•3-4 doses for children at 2-15 months
tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           at 2-month intervals)         1         2            school entrance aP or DT.         3         3             Vaccine         Doss         MO         DAY         YR           t school entrance         1           YR           t school entrance         2              t school entrance         3              t school entrance         2              t school entrance         3              t school entrance         2              t school entrance         3              t school entrance         2              t school entrance         2              t school entrance         3              t school entrance         3         <	Ϋ́R	DAY	MO	Dose	Vaccine	Haemophilus influenzae type b (Hib)
tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           at 2-month intervals)         1         2         3           school entrance aP or DT.         4         4         4           Vaccine         Doss         MO         DAY         YR           t school entrance         2         MO         DAY         YR           t school entrance         2         3         3         3           a (MMR)         Vaccine         Doss         MO         DAY         YR           MO DAY         YR         MO         DAY         YR				0		• Must be given on or after 1 - birmaay • 2 <sup>rd</sup> dose at 4-6 years
tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           at 2-month intervals)         2              school entrance aP or DT.         3              Waccine         Doss         MO         DAY         YR           t school entrance         2              t school entrance         3              Ja (MMR)         Vaccine         Doss         MO         DAY         YR				-		Required for children 15 months and older
tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           at 2-month intervals)         2              school entrance aP or DT.         3              4                5            YR            4 school entrance         2	Ϋ́R	DAY	MO	Dose	Vaccine	Measies, Mumps, Rubella (MMR)
tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           at 2-month intervals)         1         —         —           school entrance aP or DT.         3         —         —           4         —         4         —         —           5         MO         DAY         YR           t school entrance         2         —         —           3         3         —         —				<b>④</b>		
tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           at 2-month intervals)         1         2            school entrance at Por DT.         3             4              5              4              5              4              5              4              5              4              5              4              5              4              5              6              7              8				ω		
tussis (DTaP)         Vaccine         Dose         MO         DAY         YR           at 2-month intervals)         1         2            school entrance aP or DT.         3             4         4             Vaccine         Dose         MO         DAY         YR				2		• 4th dose at 4-6 years or at school entrance
tussis (DTaP)         Vaccine         Dose         MO         DAY         YR           at 2-month intervals)         1         1         1           school entrance aP or DT.         3         3         4           4         5         4         4           Vaccine         Dose         MO         DAY         YR				-1		• 3 doses at 2-18 months
tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           at 2-month intervals)         1         2         4           school entrance aP or DT.         3         4         4	¥	DAY	MO	Dose	Vaccine	Polio (IPV and/or OPV)
tussis (DTaP)         Vaccine         Doss         MO         DAY         YR           at 2-month intervals)         1         2            school entrance aP or DT.         3				6		
tussis (DTaP)         Vaccine         Dose         MO         DAY         YR           at 2-month intervals)         1<				4		mulcate vaccine type: Dian or Di.
tussis (DTaP)         Vaccine         Dose         MO         DAY         YR           at 2-month intervals)         1         2         2				3	100	• 5º dose at 4-6 years or at school entrance
Vaccine Doss MO DAY YR				2		• 4th dose at 12-18 months
Vaccine Dose MO DAY YR				-		-3 doses during 1st year (at 2-month intervals)
		DAY	MO	Dose		Diphtheria, Tetanus, Pertussis (DTaP)

## Child Care Immunization Record Must be on file before a child attends child care.

Minnesota Immunization Program: 651-201-5503 or 1-800-657-3970 (MDH, 6/201	
y Public Sta	
Subscribed and swom to before me this day of, 20, 20	
Signature of Parent/Guardian Date	
☐ I am opposed to all immunizations. ☐ I am opposed to only the vaccines indicated. Vaccine(s) I oppose:	
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:	
Signature of Physician/Nurse Practitioner/Physician Assistant (Before 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  year	
Signature of Physician/Nurse Practitioner/Physician Assistant Date	
For children who have a history of disease or are medically exempt from vaccine (s):  The following immunization(s) are not indicated because of medical reasons, history of disease, or laboratory confirmation of adequate immunity: (See below for varicella disease.)	
Signature of Physician/Nurse Practitioner/Physician Assistant/Public Clinic Date	
For children who are younger than 15 months OR have not received all required Immunizations: I certify that the above-named child has received the immunizations indicated. In order to remain enrolled this child must receive all required vaccines within 18 months from initial enrollment date.	
Signature of Parent/Guardian or Physician/Nurse Practitioner/Physician Assistant/Public Clinic Date	
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.	
A For children who are 15 months or older and who have received all the immunizations	
Birthdate: Date of Enrollment:	
Name:	_

(MDH, 6/2010)

# 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.

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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.

- 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. But 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.)

### Notes for Child Care Providers

Be sure you have a complete immunization history on file for all children2 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.

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 health care provider's signature to document 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 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, 6/2010)

