Child Care Immunization Form

Must be on file before a child attends child care

Name ___________________________________ Birthdate ______________

Date of Enrollment _______________________

Minnesota law requires children enrolled in child care to be immunized against certain diseases or file a legal medical or conscientious exemption.

Parent/Guardian:
You may attach a copy of the child’s immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian’s conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

For updated copies of your child’s vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-6503 or 800-657-3970.

<table>
<thead>
<tr>
<th>Type of Vaccine</th>
<th>DO NOT USE (✓) or (✗)</th>
<th>1st Dose Mo/Day/Yr</th>
<th>2nd Dose Mo/Day/Yr</th>
<th>3rd Dose Mo/Day/Yr</th>
<th>4th Dose Mo/Day/Yr</th>
<th>5th Dose Mo/Day/Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, Tetanus, and Pertussis (DTaP, DTP)</td>
<td>3 doses during 1st year (at 2-month intervals)</td>
<td>4th dose at 12-18 months</td>
<td>5th dose at 4-6 years</td>
<td>Indicate vaccine type: DTaP or DTP</td>
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<tr>
<td>Polio (IPV, OPV)</td>
<td>2 doses in the first year</td>
<td>3rd dose by 18 months</td>
<td>4th dose at 4-6 years</td>
<td></td>
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<tr>
<td>Measles, Mumps, and Rubella (MMR)</td>
<td>Required for children 15 months and older</td>
<td>1st dose on or after 1st birthday</td>
<td>2nd dose at 4-6 years</td>
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<tr>
<td>Haemophilus influenzae type b (Hib)</td>
<td>2-3 doses in the first year</td>
<td>1 dose required after 12 months or older</td>
<td>For unvaccinated children 15-59 months, 1 dose is required</td>
<td>Not required for children 5 years or older</td>
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<tr>
<td>Varicella (chickenpox)</td>
<td>Required for children 15 months and older</td>
<td>1st dose on or after 1st birthday</td>
<td>2nd dose at 4-6 years</td>
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<tr>
<td>Pneumococcal Conjugate Vaccine (PCV)</td>
<td>3 doses in the first year</td>
<td>4th dose after 12 months</td>
<td>At least 1 dose is recommended for children 24-59 months in child care</td>
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<tr>
<td>Hepatitis B (hep B)</td>
<td>2-3 doses in the first year</td>
<td>3rd dose (final dose) as late as 18 months</td>
<td></td>
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<tr>
<td>Hepatitis A (hep A)</td>
<td>2 doses separated by 6 months for children 12 months and older</td>
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</tr>
</tbody>
</table>

Recommended

Rotavirus (2-3 doses between 2 and 6 months)
Influenza (annually for children 6 months or older)
Instructions, please complete:
Box 1 to certify the child's immunization status
Box 2 to file an exemption (medical or conscientious)

1. Certify Immunization Status. Complete A or B to indicate child's immunization status.

A. Children who are 15 months or older:
   For children who are 15 months or older and who have received all the immunizations required by law for child care:
   I certify that 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]

B. Children who are 15 months or younger:
   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. The dates on which the remaining doses are to be given are:

   [Signature of Physician / Nurse Practitioner / Physician Assistant / Public Clinic]
   [Date]

2. Exemptions to Immunization Law. Complete A and/or B to indicate type of exemption.

A. Medical exemption:
   No child is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a child to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:
   I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s):

   [Signature of physician / nurse practitioner / physician assistant]
   [Date]

*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in [year] (year)

[Signature of physician / nurse practitioner / physician assistant] (If disease occurred before September 2010, a parent can sign.)

B. Conscientious exemption:
   No child is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the child or others they come in contact with. In a disease outbreak, children who are not vaccinated may be excluded in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:
   I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

   [Signature of parent or legal guardian]
   [Date]

   Subscribed and sworn to before me this:
   [Day of month] day of [Month] 20[Year]

   [Signature of notary]