

# 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

### 1. 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 another form documenting immunizations or an exemption must be kept on file with the child care provider. Electronic immunization records are an allowable form.

### 2. 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.

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

### 1. Be sure you have a complete immunization history on file for all children 2 months of age and older.

When the provider GIVES parents immunization information about enrollment for child care, the provider must use this form or a similar form approved by MDH as required by law.

However, the record that is **KEPT ON FILE** that documents immunizations or an exemption DOES NOT have to be this specific form. The form that must be kept on file can be this or another form documenting immunizations; this can include a report printed off of MIIIC (the state immunization registry) or another electronic health record system. The information must be on file before the 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 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.

### 3. 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.

### 4. 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, 8/2011)



**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.

# Child Care Immunization Record

*Must be on file before a child attends child care.*

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

**SIGNATURE(S)**

**A. For children who are 15 months or older and who have received all the 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

**B. 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 Physician/Nurse Practitioner/Physician Assistant/Public Clinic Date

**C. 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 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 (Before September 2010, a parent can sign.) Date

**D. If the parent/guardian conscientiously opposes immunizations:**

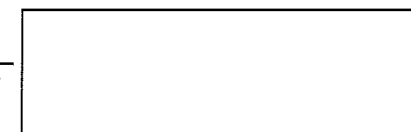
I understand that not following vaccination recommendations may endanger the health or life of my child and others that my child might come in contact with. I hereby certify by notarization that:

- I am opposed to all immunizations.
- I am opposed to only the vaccines indicated. Vaccine(s) I oppose:

\_\_\_\_\_  
Signature of Parent/Guardian Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of notary public (A copy of the notarized statement will be forwarded to the commissioner of health.)



Notary Public Stamp

Diphtheria, Tetanus, Pertussis (DTaP)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> <li>• 3 doses during 1st year (at 2-month intervals)</li> <li>• 4<sup>th</sup> dose at 12-18 months</li> <li>• 5<sup>th</sup> dose at 4-6 years or at school entrance</li> </ul> Indicate vaccine type: DTaP or DT.		1			
		2			
		3			
		4			
		⑤			
Polio (IPV and/or OPV)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> <li>• 3 doses at 2-18 months</li> <li>• 4<sup>th</sup> dose at 4-6 years or at school entrance</li> </ul>		1			
		2			
		3			
		④			
Measles, Mumps, Rubella (MMR)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> <li>• Required for children 15 months and older</li> <li>• Must be given on or after 1<sup>st</sup> birthday</li> <li>• 2<sup>nd</sup> dose at 4-6 years</li> </ul>		1			
		②			
Haemophilus influenzae type b (Hib)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> <li>• 3-4 doses for children at 2-15 months</li> <li>• 1 dose given after 12 months or older required</li> <li>• 1 dose for previously unvaccinated children 15-59 months</li> <li>• Not indicated for children 5 years or older</li> </ul>		1			
		2			
		3			
		④			
Varicella (Chickenpox)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> <li>• 1<sup>st</sup> dose between 12-18 months</li> <li>• 2<sup>nd</sup> dose at 4-6 years or at school entrance (required for kindergarten)</li> </ul>		1			
		②			
<b>Disease Date:</b>					
Pneumococcal Conjugate Vaccine (PCV)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> <li>• 2-4 doses for children 2-24 months</li> <li>• Consider for unvaccinated children at 24-59 months in child care</li> <li>• Not indicated for children 5 years or older</li> </ul>		1			
		2			
		3			
		4			
Hepatitis B (Hep B)—required for kindergarten	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> <li>• 3 doses between birth and 18 months</li> </ul>		①			
		②			
		③			
Rotavirus	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> <li>• 2-3 doses between 2 and 6 months</li> </ul>		①			
		②			
		③			
Influenza (LAIV or TIV)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> <li>• 1 dose annually for children 6 months or older (1<sup>st</sup> time influenza immunization requires 2 doses)</li> </ul>		①			
		②			
Hepatitis A (Hep A)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> <li>• 2 doses separated by 6 months for children 12-24 months</li> </ul>		①			
		②			