

CHILD CARE IMMUNIZATION FORM

MUST BE ON FILE BEFORE CHILD ATTENDS CHILD CARE

| Child's Name | Date of Birth | 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 651-201-5503 or 800-657-3970.

| | | 651-201- | 5503 or 800-65 | 07-3970. | | |
|---|---|-----------------------|-----------------------------------|-----------------------------------|---|--|
| Type of Vaccine | DO NOT USE ($\sqrt{\ }$) or (\times) | 1st Dose Mo/Day/Yr | 2 nd Dose Mo/Day/Yr | 3 rd Dose Mo/Day/Yr | 4 th Dose Mo/Day/Yr | 5 th Dose Mo/Day/Yr |
| • | oxes indicate doses that are not in the shaded box.) | routinely giv | en; however, | if your child h | as received t | hem, please |
| Diphtheria, Tetanus, Per 3 doses during 1st year (at 4th dose at 12–18 months 5th dose at 4–6 years Indicate vaccine type: DTa | : 2-month intervals) | | | | 5th dose not requi | red if 4th dose wa the 4th birthday |
| Polio (IPV, OPV) • 2 doses in the 1st year • 3rd dose by 18 months • 4th dose at 4-6 years | | | | | red if 3rd dose was the 4th birthday | |
| Measles, Mumps, and Ru Required for children 15 m 1st dose on or after 1st bir 2nd dose at 4-6 years | onths and older | | | | | |
| Haemophilus influenzae • 2-3 doses in the first year • 1 dose required after 12 m • For unvaccinated children • Not required for children 5 | onths or older 15-59 months, 1 dose is required | | | | | |
| Varicella (chickenpox) • Required for children 15 m • 1st dose on or after 1st bir • 2nd dose at 4-6 years | | | | | | |
| Pneumococcal Conjugat Required for children age 2 3 doses in the first year 4th dose after 12 months At least 1 dose is recomme in child care | | | | | | |
| Hepatitis B (hep B) • 2-3 doses in the first year • 3rd dose (final dose) by 18 | months | | | | | |
| Hepatitis A (hep A) • 2 doses separated by 6 more | nths for children 12 months & older | | | | | |
| Recommended | | | | | | |
| Rotavirus (2-3 doses betw | veen 2 and 6 months) | | | | | |
| Influenza (annually for chil | ldren 6 months or older) | | | | | |



Date

JACK®JILL CHILD CARE IMMUNIZATION FORM

| nstructions, please complete: ox 1 to certify the child's immunization status ox 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: | B Children who are younger than 15 months: | | | | | |
| For children who are 15 months or older and who have received all the immunizations required by law for child care: | For children who are younger than 15 months OR have not received all required immunizations: | | | | | |
| 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. | 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 Parent/Guardian OR Physician/Nurse Practitioner/ Physician Assistant/Public Clinic | Signature of Parent/Guardian OR Physician/Nurse Practitioner/ Physician Assistant/Public Clinic | | | | | |
| Date | Date | | | | | |
| 2.EXEMPTIONS TO IMMUNIZATION LAW Complete A and Medical exemption: | | | | | | |
| A Medical exemption: | B Conscientious exemption | | | | | |
| | 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 | | | | | |
| 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 | 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 | | | | | |
| 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 | 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): | | | | | |
| 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): | 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 | | | | | |