

Child Care Immunization Record

Child's Name: _____ Date of Birth: ____/____/____

Date of Enrollment: ____/____/____

Age at Enrollment: _____

Immunizations: enter date given or attach copy of shot record and place a check mark (✓) in the box for doses given.

Immunizations	Dose 1	Dose 2	Dose 3	Dose 4	Exemptions ✓ to specify type ✓ when exemption form is completed
DTaP					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
Hep B					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
Polio					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
Hib					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
PCV					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
MMR					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
Varicella or Date of Disease					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed

Age When Enrolling:	Immunizations (shots) Required:
2 – 3 months	1 each of DTaP, Hep B, polio, Hib, PCV
4 – 5 months	2 each of DTaP, Hep B, polio, Hib, PCV
6 - 14 months	3 each of DTaP, Hep B, polio, Hib, PCV
15 -17 months	3 each of DTaP, Hep B, polio 1 each of MMR, varicella 1-4 doses of Hib and PCV
18 months – 4 years	3 Polio, 3 Hep B, 4 DTaP 1 MMR, varicella 1-4 doses of Hib and PCV

Information About Shots:

DTaP = Diphtheria, Tetanus, and Pertussis

Hep B = Hepatitis B vaccine, also written as HBV

Polio = Inactivated Poliovirus

Hib = Haemophilus influenzae type B

PCV = Pneumococcal

MMR = Measles, Mumps, Rubella

Varicella = Chickenpox