Child Care Immunization Checklist



(optional use – *not* an official record)

Child's Name:			Date of Birth:/			
Date of Enrollment:/			Age at Enrollment:			
Immunizations: enter day, mark $()$ in the box for each		ar given or	attach copy	of shot reco	ord and place a check	
Immunizations	Dose 1	Dose 2	Dose 3	Dose 4	Exemptions √ to specify type	
					√ when exemption form is completed	
DTaP					Medical Religious* \(\text{\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\$}\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\$}}}\$}\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$}\exitt{\$\text{\$\}}}}\$}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	
Нер В					Medical Religious* \(\text{Current year form signed} \)	
Polio					Medical Religious* \(\text{ *Current year form signed} \)	
Hib					Medical Religious*	
PCV					Medical Religious*	
MMR					Medical Religious*	
Varicella			Or history of disease form completed		Medical Religious* *Current year form signed	

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			
	3 each of DTaP, Hep B, polio			
15 -17 months	1-4 doses of Hib and PCV			
	1 each of MMR, varicella			
	4 DTaP, 3 Polio, 3 Hep B			
18 months – 4 years	1-4 doses of Hib and PCV			
	1 MMR, varicella			

Information About Shots:

DTaP = Diphtheria, Tetanus, and Pertussis

Hep B = Hepatitis B vaccine, also written as HBV

Polio = Inactivated Poliovirus, also written as IPV

Hib = Haemophilus influenzae type B

PCV = Pneumococcal

MMR = Measles, Mumps, Rubella

Varicella = Chickenpox

Vermont Department of Health Immunization Program

802-863-7638 1-800-640-4374

Child Care Immunization Checklist 041817

http://www.healthvermont.gov/immunizationsinfectious-disease/immunization/child-care-providers