

Return to
Jack & Jill Childcare
11870 Ulysses St. NE, Suite 100
Blaine MN 55434
763-784-1451 office • 763-757-2942 fax

Child Care Immunization Record - Instructions

Immunization information must be on file **before** a child attends child care.

Return to
Jack & Jill Childcare
2812 Anthony Lane S, Suite 400
St. Anthony MN 55418
612-455-8955 office • 612-455-8958 fax

Who should complete and sign this form?

Who signs depends on the child's age and situation: Either the parent/guardian, physician/clinic, 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, a doctor or representative from a public health clinic must sign in Section B.
- If there are medical reasons why a child can't have or doesn't need any shot(s), a doctor or a public health nurse must sign in Section B.
- If a parent or guardian objects to a certain shot, a doctor or representative from a public health clinic must sign the form in Section B, and the parent or guardian must complete Section C and have it notarized by a notary public.
- If a parent or guardian objects to all shots, they must complete Section C 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 with the information required by law. This or a similar form must be kept on file with the child care provider.

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.

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.

This specific form, or an MDH-approved form, is required by law. If you run a licensed child care facility in Minnesota you must have the information this form contains on file before a 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 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. 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 disease 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, 3/2009)

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

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Diphtheria, Tetanus, Pertussis (DTP)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 3 doses during 1st year (at 2-month intervals) • 4th dose at 12-18 months • 5th dose at 4-6 years or at school entrance 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"> • 3 doses at 2-18 months • 4th dose at 4-6 years or at school entrance 		1			
		2			
		3			
		④			
Measles, Mumps, Rubella (MMR)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • Required for children 15 months and older • Must be given on or after 1st birthday • 2nd dose at 4-6 years 		1			
		②			
Haemophilus influenzae type b (Hib)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 3-4 doses for children at 2-15 months • 1 dose 12 months required (suspended 2008*) • 1 dose for previously unvaccinated children 15-59 months • Not indicated for children 5 years or older 		1			
		2			
		③			
		④			
Varicella (Chickenpox)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 1st dose between 12-18 months • 2nd dose at 4-6 years or at school entrance (required for kindergarten) 		1			
		②			
Disease Date:					
Pneumococcal Conjugate Vaccine (PCV)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 2-4 doses for children 2-24 months • Consider for unvaccinated children at 24-59 months in child care • Not indicated for children 5 years or older 		1			
		2			
		3			
		4			
Hepatitis B (Hep B)—required for kindergarten	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 3 doses between birth and 18 months 		①			
		②			
		③			
Rotavirus	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 2-3 doses between 2 and 6 months 		①			
		②			
		③			
Influenza (LAIV or TIV)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 1 dose annually for children 6 months (1st time influenza immunization requires 2 doses) 		①			
		②			
Hepatitis A (Hep A)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 2 doses separated by 6 months for children 12-24 months 		①			
		②			

* Suspended due to vaccine shortage 2008

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/Public Clinic _____ Date _____

B. For children who are younger than 15 months or who have not received all the immunizations required by law for child care:

I certify that the above-named child has received the immunizations indicated to the left and:

will complete the immunizations required by law for child care within 18 months; and/or

immunization is not indicated for medical reasons or laboratory confirmation of adequate immunity exists for the following immunizations(s)

and/or

the parent/guardian is opposed to certain vaccine(s) as indicated by them in Section C below.

Signature of Physician or Public Clinic _____ Date _____

C. 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 and have had my physician or health care provider complete Section B above. 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