

# HEALTH CARE SUMMARY

**MUST BE COMPLETED BY HEALTH CARE SOURCE**

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

NAME OF CHILD \_\_\_\_\_

Birth Date \_\_\_\_\_

ADDRESS \_\_\_\_\_

Telephone \_\_\_\_\_

PARENT(S) OR GUARDIAN \_\_\_\_\_

Date of last physical examination \_\_\_\_\_ How long have you been seeing this child? \_\_\_\_\_

How frequently do you see this child when he/she is not ill? \_\_\_\_\_

Does this child have any allergies (including allergies to medications)? \_\_\_\_\_

Is a modified diet necessary? \_\_\_\_\_

Is any condition present that might result in an emergency? \_\_\_\_\_

What is the status of the child's . . .

Vision \_\_\_\_\_

Hearing \_\_\_\_\_

Speech \_\_\_\_\_

Please list below the important health problems

Important Health Problems

Followed  
By You

Followed By Other  
Med Source (Name)

Requires Special  
Attention at Center

Other information helpful to the child care program \_\_\_\_\_

Phone \_\_\_\_\_

**Signature of Health Source** \_\_\_\_\_

Address \_\_\_\_\_

**Date** \_\_\_\_\_

# Child Care Immunization Record

Must be on file before a child attends child care.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

## IMMUNIZATION HISTORY

Fill in the MO/DAY/YR information for children 2 months of age and older.

Vaccines in shaded boxes are not required by law.

If child received a combined shot (like DTP-Hib) write the date in all the boxes that apply.

Vaccine	MO	DAY	YR
<b>Diphtheria, Tetanus, Pertussis (DTP)</b> • 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	1		
	2		
	3		
	4		
	5		
<b>Polio (OPV or IPV)</b> • 3 doses at 2-18 months • 4th dose at 4-6 years or at school entrance	1		
	2		
	3		
	4		
	5		
<b>Haemophilus Influenzae type b (Hib)</b> • 3-4 doses for children 2-15 months • Not required for children 5 years or older	1		
	2		
	3		
	4		
<b>Measles, Mumps, Rubella (MMR)</b> • Required for children 15 months and older • Must be given on or after 1st birthday • 2nd dose at either 4-6 or 11-12 years	1		
	2		
	3		
<b>Hepatitis B (HBV)</b> • 3 doses between birth and 18 months	1		
	2		
	3		
<b>Varicella (Chicken Pox)</b> • 1 dose between 12-18 months	1		
	2		
	3		

## SIGNATURE(S)

**FOR OFFICE USE:**

( ) Legal requirements complete:  
 • Preschooler (4 DTP, 3 polio, 1 MMR, and at least 1 Hib)  
 • School-aged (5 DTP, 4 polio, 1 MMR)  
 ( ) In process; 18 months expires \_\_\_\_\_  
 ( ) Medical exemption for \_\_\_\_\_  
 ( ) Conscientious objection for \_\_\_\_\_

A. For children who are 15 months or older and who have received all the immunizations required by law for child care (4 DTP, 3 polio, 1 MMR, and at least 1 Hib):

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 and/or who have not received all the immunizations required by law for child care (4 DTP, 3 polio, 1 MMR, and at least 1 Hib):

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 immunization(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 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 are: \_\_\_\_\_

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Signature of notary public \_\_\_\_\_

(A copy of the notarized statement will be forwarded to the commissioner of health.)



Notary Public Stamp

# Child Care Immunization Record - Instructions

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

## Who should complete and sign this form?

Either the parent/guardian, physician/clinic, or child care provider can fill in the child's immunization history. Who signs depends on the child's age and situation:

- If the child is at least 15 months old and has had all the shots required by law (4 DTP, 3 polio, 1 MMR, and at least 1 Hib), 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 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 center when you enroll.

By law, licensed child care centers must keep a form like this one on file for each child. A child care provider can refuse to admit a child who has not received the required shots. The only exceptions are if your child has a medical reason for not receiving a shot or you are conscientiously opposed to immunization.

### 2. Keep track of your child's shots, and tell your day care provider each time your child gets a shot.

It will save you time if you keep a shot record card for each of your children. Be sure to have the record card updated each time your child receives a shot.

Child care will be the first of many times you will need the shot record card. 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.

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.

## 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 is not required by law. However, if you run a licensed child care facility in Minnesota you must have the information it 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.

By law, preschoolers in child care must have 4 DTP, 3 polio, 1 MMR, and at least 1 Hib immunization. Immunizations against hepatitis B and chicken pox are not required by law. However, these immunizations are recommended.

### 3. Be sure each child's immunization history clearly indicates whether or not they received pertussis vaccine. (DTP and DTaP 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. Or call the number listed below.

## Questions?

If you have a question about immunizations, call your clinic, your local public health department, or the Minnesota Immunization Hotline:

**1-800-657-3970**