

IMMUNIZATION HISTORY: Fill in the MO/DAY/YR information for children 2 months of age and older. Vaccines/doses in shaded boxes are not required by law. If child received a combined shot (like Hib-hep B), write the date in all the boxes that apply.

ECSE Immunization Record

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/Nurse Practitioner/Physician Assistant/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,

which includes beginning the immunization series required by law for child care that must be completed within 18 months of starting them (DTP, polio, pneumococcal),

and/or

the following immunization(s) are not indicated because of medical reasons, history of disease, or laboratory confirmation of adequate immunity: **(Starting September 2010 for varicella disease see C.)**

Signature of Physician/Nurse Practitioner/Physician Assistant Date

C Starting September 2010 (Before September 2010, a parent can sign.): For children who are 18 months or older who have a history of varicella disease:

I certify that varicella immunization is not indicated for the above-named child due to a history of varicella disease that I have diagnosed or had adequately described to me by the parent to indicate past varicella infection in _____ year.

Signature of Physician/Nurse Practitioner/Physician Assistant (Before September 2010, a parent can sign.) Date

D. 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. 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

| 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 for 12 months or older required • 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 at 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 or younger (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 | | | |

ECSE Immunization Record - Instructions

Who should complete and sign this form?

Who signs depends on the child's age and situation. Either the parent/guardian, physician/clinic, or ECSE representative 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, then a health care provider must sign in Section B, saying the child has begun the required shots or can't for medical reasons.
- Starting in September 2010, if the child is 18 months or older and has had varicella disease (chickenpox), a health care provider must sign in Section C. (Before September 2010, a parent can sign.)
- If a parent or guardian objects to a certain shot or all shots, the parent or guardian must complete Section D and have it notarized by a notary public.

Notes for Parents

1. Give your child's immunization history to the ECSE provider when you enroll.

By law, ECSE programs, like a schools, must keep a form like this one on file for each child. 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 ECSE 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.

ECSE 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 (unless you have a legal exemption filed). 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.

Starting in September 2010, if the child is 18 months or older and has had varicella disease (chickenpox), a health care provider must sign in Section C. (Before September 2010, a parent can sign.)

Notes for ECSE Providers

1. Be sure you have a complete immunization history (or legal exemption) on file for all children 2 months of age and older.

This specific form, or an MDH-approved form, is required by law. 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 children enrolled in an ECSE program 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, but starting in September 2010, they must have a health care provider's signature to document the year the child had chickenpox. Immunization against hepatitis A, hepatitis B, rotavirus, and influenza are not required by law; however, it is strongly recommended for all children.

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 occurs in your ECSE program, 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.

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#140-0472, (MDH, 5/2010)