

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	<u>Followed By You</u>	<u>Followed by Other Med Source (Name)</u>	<u>Requires Special Attention at Center</u>
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Other information helpful to the child care program _____

Phone _____

Signature of Health Source _____ Address _____

Date _____

Child Care Immunization Record - Instructions

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

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/2/2008)

Child Care Immunization Record

Must be on file before a child attends child care.

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.

Vaccine	Dose	MO	DAY	YR
Diphtheria, Tetanus, Pertussis (DTP) • 3 doses during 1st year (at 2-month intervals) • 4 th dose at 12-18 months • 5 th dose at 4-6 years or at school entrance <i>Indicate vaccine type: DTaP or DT.</i>	1			
	2			
	3			
	4			
	5			
Polio (IPV and/or OPV) • 3 doses at 2-18 months • 4 th dose at 4-6 years or at school entrance	Dose	MO	DAY	YR
	1			
	2			
	3			
Measles, Mumps, Rubella (MMR) • Required for children 15 months and older • Must be given on or after 1 st birthday • 2 nd dose at 4-6 years	Dose	MO	DAY	YR
	1			
	2			
Haemophilus influenzae type b (Hib) • 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	Dose	MO	DAY	YR
	1			
	2			
	3			
Varicella (Chickenpox) • 1 st dose between 12-18 months • 2 nd dose at 4-6 years or at school entrance	Dose	MO	DAY	YR
	1			
Pneumococcal Conjugate Vaccine (PCV) • 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	Dose	MO	DAY	YR
	1			
	2			
	3			
Hepatitis B (Hep B) —required for kindergarten • 3 doses between birth and 18 months	Dose	MO	DAY	YR
	1			
	2			
Rotavirus • 3 doses at 2, 4, and 6 months	Dose	MO	DAY	YR
	1			
	2			
Influenza (LAIV or TIV) • 1 dose annually for children ≥6 months (1 st time influenza immunization requires 2 doses)	Dose	MO	DAY	YR
	1			
Hepatitis A (Hep A) • 2 doses separated by 6 months for children 12-24 months	Dose	MO	DAY	YR
	1			

* 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 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: _____

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