

**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: \_\_\_\_\_

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

## 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:

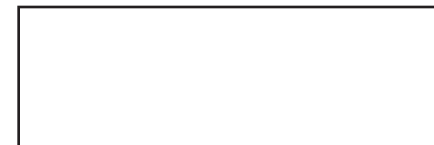
I hereby certify by notarization that:

- 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 \_\_\_\_\_, 20\_\_\_\_

Signature of Notary Public (A copy of the notarized statement will be forwarded to the commissioner of health.) \_\_\_\_\_



Notary Public Stamp

\* Suspended due to vaccine shortage 2008

# 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.

Sections B and C fulfill requirements for a legal exemption to the School Immunization Law.

- 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 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.

## 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. 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 disease 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](http://www.health.state.mn.us/immunize)  
IC#140-0472, (MDH, 6/2007)