

Immunization Record

(Please attach a current copy of your child's immunization record to this form.)

Child's Name: _____ Date of Birth: _____
Parent/Guardian's Name: _____ Date of Enrollment: _____

By the age of 19 months children should have these immunizations:

- 4 Diphtheria, Tetanus and acellular Pertussis (DTaP or DTP)
- 3 Polio (OPV or IPV or EIPV)
- 3 - 4 Haemophilus influenza type B (Hib or tetramune)
- 1 Measles, Mumps and Rubella combination shot (MMR)
- 3 Hepatitis B (Hep B)
- 1 Varicella (Var)+
- 4 Pneumococcal conjugate vaccine (PCV)***

Children 4 years old or older should have these immunizations:

- 5 Diphtheria, Tetanus and acellular Pertussis (DTaP or DTP)*
- 4 Polio (OPV or IPV or EIPV)*
- 3 - 4 Haemophilus influenza type B (Hib or tetramune)**
- 2 Measles, Mumps and Rubella combination shot (MMR)*
- 3 Hepatitis B (Hep B)
- 2 Varicella (Var)+
- 4 Pneumococcal conjugate vaccine (PCV)***

*The 5th DTaP; 4th Polio; and 2nd MMR are not required until children enter kindergarten. The last DTaP and Polio must be after age 4.

**Children beyond their 5th birthday are not required to receive any Hib and PCV vaccine.

+Varicella (chickenpox) vaccination is required unless documentation of disease history exists. Acceptable documentation is a letter from the child's physician stating approximate date or age of child's infection.

***Pneumococcal Conjugate Vaccine is required for all children born on or after July 1, 2015. The number of doses required varies based on the age of the child's first vaccine.