

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

# Immunization Record

**To the Health Care Provider: Please complete and initial below.**

Vaccine (Month/Day/Year) \_\_\_\_\_

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP/DT						
IPV/OPV						
MMR						
Measles						
Mumps						
Rubella						
Hib						
Hepatitis A						
Hepatitis B						
Varicella						
PCV* vaccine					*Pneumococcal conjugate vaccine	
Rotavirus						
MCV**					**Meningococcal conjugate vaccine	
Influenza						
Tdap/Td						

Disease history for varicella (chickenpox) _____	
(Date)	(Confirmed by)
Exemption: Religious _____	Medical: Permanent _____ †Temporary _____ Date _____
‡Recertify Date _____	‡Recertify Date _____ ‡Recertify Date _____

## Immunization Requirements for Connecticut Day Care, Family Day Care and Group Day Care Homes

Vaccines	Under 2 months of age	By 3 months of age	By 5 months of age	By 7 months of age	By 16 months of age	16-18 months of age	By 19 months of age	2 years of age (24-35 mos.)	3-5 years of age (36-59 mos.)
<b>DTP/DTaP/DT</b>	None	1 dose	2 doses	3 doses	3 doses	3 doses	4 doses	4 doses	4 doses
<b>Polio</b>	None	1 dose	2 doses	2 doses	2 doses	2 doses	3 doses	3 doses	3 doses
<b>MMR</b>	None	None	None	None	1 dose after 1st birthday <sup>1</sup>				
<b>Hep B</b>	None	1 dose	2 doses	2 doses	2 doses	2 doses	3 doses	3 doses	3 doses
<b>HIB</b>	None	1 dose	2 doses	2 or 3 doses depending on vaccine given <sup>3</sup>	1 booster dose after 1st birthday <sup>4</sup>				
<b>Varicella</b>	None	None	None	None	1 dose after 1st birthday or prior history of disease <sup>1,2</sup>	1 dose after 1st birthday or prior history of disease <sup>1,2</sup>	1 dose after 1st birthday or prior history of disease <sup>1,2</sup>	1 dose after 1st birthday or prior history of disease <sup>1,2</sup>	1 dose after 1st birthday or prior history of disease <sup>1,2</sup>
<b>Pneumococcal Conjugate Vaccine (PCV)</b>	None	1 dose	2 doses	3 doses	1 dose after 1st birthday				
<b>Hepatitis A</b>	None	None	None	None	1 dose after 1st birthday <sup>5</sup>	1 dose after 1st birthday <sup>5</sup>	1 dose after 1st birthday <sup>5</sup>	2 doses given 6 months apart <sup>5</sup>	2 doses given 6 months apart <sup>5</sup>
<b>Influenza</b>	None	None	None	1 or 2 doses	1 or 2 doses <sup>6</sup>				

1. Laboratory confirmed immunity also acceptable
2. Physician diagnosis of disease
3. A complete primary series is 2 doses of PRP-OMP (PedvaxHIB) or 3 doses of HbOC (ActHib or Pentacel)
4. As a final booster dose if the child completed the primary series before age 12 months. Children who receive the first dose of Hib on or after 12 months of age and before 15 months of age are required to have 2 doses. Children who received the first dose of Hib vaccine on or after 15 months of age are required to have only one dose
5. Hepatitis A is required for all children born on or after January 1, 2009
6. Two doses in the same flu season are required for children who have not previously received an influenza vaccination, with a single dose required during subsequent seasons

Initial/Signature of health care provider    MD / DO / APRN / PA	Date Signed	Printed/Stamped <i>Provider</i> Name and Phone Number
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