

Immunization History

G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

The parent/guardian must submit a certificate of immunization on child's first day of attendance or within 30 calendar days from the first day of attendance. Child may not attend the facility until submitted.

| | |
|--------------------|----------------|
| Child's full name: | Date of birth: |
|--------------------|----------------|

Enter each date of each dose received (Month/Day/Year) or attach a copy of the immunization record.

| Vaccine Type | Abbreviation | Trade Name | Combination Vaccines | 1 date | 2 date | 3 date | 4 date | 5 date |
|--------------------------------|---------------------|-------------------------|----------------------------|--------|--------|--------|--------|--------|
| Diphtheria, Tetanus, Pertussis | DTaP, DT, DTP | Infanrix, Daptacel | Pediarix, Pentacel, Kinrix | | | | | |
| Polio | IPV, OPV | IPOL | Pediarix, Pentacel, Kinrix | | | | | |
| Haemophilus influenza type B | Hib | Act HIB, Pedvax HIB ** | Pentacel | | | | | |
| Hepatitis B | HepB, HBV | Enerix-B, Recombivax HB | Pediarix | | | | | |
| Measles, Mumps, Rubella | MMR | MMR II | Proquad | | | | | |
| Varicella/Chicken Pox | Var | Varivax | Proquad | | | | | |
| Pneumococcal Conjugate* | PCV, PCV-13, PPV-23 | Prenvar, Pneumovax*** | | | | | | |

*Required by state law for children born on or after 7/1/2015.

**3 shots of Pedvax Hib are equivalent to 4 Hib doses. 4 doses are required if a child receives more than one brand of Hib shots.

***Pneumovax is a different vaccine than Prenvar and may be seen in high risk children.

Note: Children beyond their 5th birthday are not required to receive Hib or PCV vaccines.

Gray shaded boxes above indicate that the child should not have received any more doses of that vaccine.

| Record updated by: | Date | Record updated by: | Date |
|--------------------|------|--------------------|------|
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Minimum State Vaccine Requirements for Child Care Entry

| By This Age: | Children Need These Shots: | | | | | | |
|---------------------------------------|----------------------------|---------|-------|-----------|---------|-------|-------|
| 3 months | 1 DTaP | 1 Polio | | 1 Hib | 1 Hep B | 1 PCV | |
| 5 months | 2 DTaP | 2 Polio | | 2 Hib | 2 Hep B | 2 PCV | |
| 7 months | 3 DTaP | 2 Polio | | 2-3 Hib** | 2 Hep B | 3 PCV | |
| 12-16 months | 3 DTaP | 2 Polio | 1 MMR | 3-4 Hib** | 3 Hep B | 4 PCV | 1 Var |
| 19 months | 4 DTaP | 3 Polio | 1 MMR | 3-4 Hib** | 3 Hep B | 4 PCV | 1 Var |
| 4 years or older (in child care only) | 4 DTaP | 3 Polio | 1 MMR | 3-4 Hib** | 3 Hep B | 4 PCV | 1 Var |
| 4 years and older (in kindergarten) | 5 DTaP | 4 Polio | 2 MMR | 3-4 Hib** | 3 Hep B | 4 PCV | 2 Var |



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Vaccines Recommended by the Advisory Committee on Immunization Practices (ACIP) NOT Required

| Vaccine Type | Abbreviation | Trade Name | Recommended Schedule | 1 date | 2 date | 3 date | 4 date | 5 date |
|--------------|--------------|---|--|--------|--------|--------|--------|--------|
| Rotavirus | RV, Rota | Roteteq Rotarix | Age 2 months, 4 months, 6 months. | | | | | |
| Hepatitis A | Hep A | Havrix Vaqta | First dose, 12-23 months. Second dose, within 6-18 months. | | | | | |
| Influenza | Flu | Fluzone, Fluarix, FluLaval, Fluviri, FluMist, Afluria | Annually after age 6 months. | | | | | |