Immunization Form

Name _____   Birthdate _____

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months	12 - 24 months	At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	☐ ☐	☐	☐		
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	☐ ☐	☐	☐		
Haemophilus influenzae type b (Hib)	☐ ☐	☐			
Pneumococcal (PCV)	☐ ☐	☐			
Polio	☐ ☐	☐	☐		
Measles, Mumps, Rubella (MMR)		☐	☐		
Chickenpox (varicella)		☐	☐		
Hepatitis A		☐	☐		
Tetanus, Diphtheria, Pertussis (Tdap)				☐	
Meningococcal (MCV4)				☐	☐

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

1. Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
   - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
   - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.

2. Sign or get the signatures needed for the back of this form.
   - Document medical and/or non-medical exemptions in section 1.
   - Verify history of chickenpox (varicella) disease in section 2.
   - Provide consent to share immunization information (optional) in section 3.

m1 DEPARTMENT OF HEALTH