

Child Immunization History

Child's Name _____ Date of Birth _____

Instructions: Enter each date of each dose received (Month/Day/Year) **or** attach a copy of the immunization record. G.S. 130A-155(b) requires child care facilities to file this information. Please refer to page 2 for the Minimum State Vaccine Requirements for Child Care Entry and the additional Vaccines Recommended by the Advisory Committee on Immunization Practices.

| Vaccine Type | Vaccine Abbreviation | Trade Name | Combination Vaccines | 1 | 2 | 3 | 4 | 5 |
|--------------------------------|----------------------|--------------------------|----------------------------|---|---|---|---|---|
| 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 | Engerix-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*** | | | | | | |

Legend:

*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 (and in kindergarten) | 5 DTaP | 4 Polio | 2 MMR | 3-4 Hib** | 3 Hep B | 4 PCV | 2 Var |

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

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