

Immunization Record

Child Name: _____

Date of Birth: _____

Parent/Guardian: _____

Children enrolled in Early Childhood Programs must be immunized appropriately for their age with the following immunizations:

Record the month, day, and year for each vaccine dose that was given.

Vaccine	1st	2nd	3rd	4th	5th/ last	Exemption
Hepatitis A (HAV) 1st dose must be received on or after the 1st birthday.						
Hepatitis B (HBV)						
Pneumococcal (PCV)						
Varicella (Chickenpox) 1st dose must be received on or after the 1st birthday.						
Polio (IPV or OPV)						
Haemophiles influenzae type b (Hib)						
DTap, DTP, DT, Td, Tdaap (D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertusis)						
Measles, Mumps, and Rubella (MMR) 1st dose must be received on or after the 1st birthday.						

Proof of immunity to disease (s) can be accepted in place of vaccination only if a document is presented to Weecare from a healthcare provider saying the child previously contracted the disease.

For children whose parents claim an exemption to immunization for medical, religious, or personal reasons, their legally responsible is to complete an online immunization education module at: immunize.utah.gov or in-person consultation at a local health department. A copy of the certificate must be presented to Wee Care.

Authorized Signature: _____

The immunization record received for this child was provided by the parent/ guardian. Signing this form states that I have transferred the immunization record that was provided by a health care provider or the health department. If an immunization record is questioned I will provide a copy of the original document to the Weecare Center.