

TLC PRESCHOOL & GROWING TREE CHILDCARE
123 29th ST NE
BEMIDJI, MN 56601
Fax #218-444-4443

HEALTH CARE SUMMARY
(To Be Filled Out by Physician)

NAME OF CHILD _____ BIRTH DATE _____

ADDRESS _____ PHONE _____

PARENTS(S) OR GUARDIAN _____

Date of last physical examination _____

How long have you been seeing this child? _____

Does this child have any allergies (including medications)? _____

Is a modified diet necessary? _____

Is any condition present that might result in an emergency? _____

What is the status of the child's...
Vision _____
Hearing _____
Speech _____

Please list below the important health issues:

<u>Important Health Issues</u>	<u>Followed By you</u>	<u>Followed by other Med.Source (name)</u>	<u>Requires Special Attention @ Center</u>
_____	_____	_____	_____
_____	_____	_____	_____

Other information helpful to the preschool/childcare program _____

Authorizing Physician _____ Phone: _____
Other _____ Address: _____

Date of Enrollment: _____

Child Care Immunization Form

*Must be on file **before** a child attends child care*

Name _____ Birthdate _____

Date of Enrollment _____

Minnesota law requires children enrolled in child care to be immunized against certain diseases or file a legal medical or conscientious exemption.

Parent/Guardian:

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

Type of Vaccine	DO NOT USE (✓) or (x)	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
Required (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)						
Diphtheria, Tetanus, and Pertussis (DTaP, DTP) • 3 doses during 1st year (at 2-month intervals) • 4 th dose at 12-18 months • 5 th dose at 4-6 years Indicate vaccine type: DTaP or DTP						
Polio (IPV, OPV) • 2 doses in the first year • 3 rd dose by 18 months • 4 th dose at 4-6 years						
Measles, Mumps, and Rubella (MMR) • Required for children 15 months and older • 1 st dose on or after 1 st birthday • 2 nd dose at 4-6 years						
Haemophilus influenzae type b (Hib) • 2-3 doses in the first year • 1 dose required after 12 months or older • For unvaccinated children 15-59 months, 1 dose is required • Not required for children 5 years or older						
Varicella (chickenpox) • Required for children 15 months and older • 1 st dose on or after 1 st birthday • 2 nd dose at 4-6 years						
Pneumococcal Conjugate Vaccine (PCV) • Required for children age 2 - 24 months • 3 doses in the first year • 4 th dose after 12 months • At least 1 dose is recommended for children 24-59 months in child care						
Hepatitis B (hep B) • 2-3 doses in the first year • 3rd dose (final dose) by 18 months						
Hepatitis A (hep A) • 2 doses separated by 6 months for children 12 months and older						
Recommended						
Rotavirus (2-3 doses between 2 and 6 months)						
Influenza (annually for children 6 months or older)						

Name _____

Instructions, please complete:

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

1. Certify Immunization Status. Complete A or B to indicate child's immunization status.	
A. Children who are 15 months or older: For children who are 15 months or older and who have received all the immunizations required by law for child care: I certify that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for child care. _____ Signature of Parent / Guardian OR Physician / Nurse Practitioner / Physician Assistant / Public Clinic _____ Date	B. Children who are younger than 15 months: For children who are younger than 15 months OR have not received all required immunizations: I certify that the above-named child has received the immunizations indicated. In order to remain enrolled this child must receive all required vaccines within 18 months from initial enrollment date. The dates on which the remaining doses are to be given are: _____ Signature of Physician / Nurse Practitioner / Physician Assistant / Public Clinic _____ Date

2. Exemptions to Immunization Law. Complete A and/or B to indicate type of exemption.	
A. Medical exemption: No child is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a child to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement: I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s): _____ Signature of physician / nurse practitioner / physician assistant _____ Date *History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ (year) _____ Signature of physician / nurse practitioner / physician assistant (If disease occurred before September 2010, a parent can sign.)	B. Conscientious exemption: No child is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the child or others they come in contact with. In a disease outbreak, children who are not vaccinated may be excluded in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized: I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s): _____ Signature of parent or legal guardian _____ Date Subscribed and sworn to before me this: _____ day of _____ 20____ _____ Signature of notary (A copy of the notarized statement will be forwarded to the commissioner of health.)