



**Child's Information**

Child's Full Name:

Child's Date of Birth:

Child's Home Telephone  
Number:

Name of Health Care  
Professional:

**HealthCare Professional's Statement**

I have examined the above-named child within the past year and find that he / she is able to take part in the day care program.

\_\_\_\_\_  
Health Care Professional's Signature

\_\_\_\_\_  
Date

**Vaccine Information**

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

<b>Hepatitis B</b>	Birth (first dose) 1-2 months (second dose) 6-18 months (third dose)	
<b>Rotavirus</b>	2 months (first dose) 4 months (second dose) 6 months (third dose)	
<b>Diphtheria, Tetanus, Pertussis</b>	2 months (first dose) 4 months (second dose) 6 months (third dose) 15-18 months (fourth dose) 4-6 years (fifth dose)	
<b>Haemophilus Influenza Type B</b>	2 months (first dose) 4 months (second dose) 6 months (third dose) 12-15 months (fourth dose)	
<b>Pneumococcal</b>	2 months (first dose) 4 months (second dose) 6 months (third dose) 12-15 months (fourth dose)	
<b>Inactivated Poliovirus</b>	2 months (first dose) 4 months (second dose) 6-18 months (third dose) 4-6 years (fourth dose)	
<b>Influenza</b>	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
<b>Measles, Mumps, Rubella</b>	12-15 months (first dose) 4-6 years (second dose)	
<b>Varicella</b>	12-15 months (first dose) 4-6 years (second dose)	
<b>Hepatitis A</b>	12-23 months (first dose) The second dose should be given 6-18 months after the first dose	

**Provide Signed Doctor's Copy**

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date