

Today's Date _____

Dear Parent/Guardian:

Before your child can be left for his/her first day in Day Care, we need record of immunizations. State health regulations require adequate immunization against Diphtheria/Tetanus/Pertussis (DTP), Polio (OPV), Haemophilus Influenza b (HIB), Hepatitis (HB) and Measles/Mumps/Rubella (MMR), or written exemption from immunization. Immunization requirements for children enrolled in our Child Care facility are as follows:

16-59 months of age.....4 DTP, 3 OPV, 1 MMR, 1 or more HIB, Varicella

5 yrs. up to school age.....4 DTP, 3 OPV, 1 MMR

Your child's immunization dates:

IMMUNIZATIONS

DTP#1_____ DTP#2_____ DTP#3_____ DTP#4_____

OPV#1_____ OPV#2_____ OPV#3_____ MMR_____

HIB# 1_____ HIB #2_____ HIB #3_____ HIB #4_____

HepB#1_____ HepB#2_____ HepB#3_____ Varicella_____

Last Tuberculin Test _____ Reaction _____

These dates will be confirmed on the Medical Examination Form signed by your child's physician.

