



Department for Children and Families
 Child Development Division
 103 South Main Street
 Waterbury, VT 05671-2401
 (802) 241-3110 Fax (802) 241-1220

Child's Immunization Certificate

Child's Name: _____ Date of Birth: _____

Child Care Program Staff or the child's physician/nurse must complete the information below from the child's original immunization record. A copy of the child's original immunization record may be substituted for this certificate. A copy of this certificate must be filed at the Child Care Program.

Vaccine	Dose #1	Dose #2	Dose #3	Dose #4	Dose #5
DTP, DtaP, DT, Td					
Polio (OPV, IPV)					
MMR					
Haemophilus Influenza B (Hib)					
Hepatitis B*					
Varicella*					
Pneumococcal*					

Vermont child care regulations require that each child enrolled in child care must be immunized appropriate to their age for DTP, Polio, Measles, Rubella, Mumps and Hib. However, no child is required to be immunized if immunizations are medically contraindicated or against a family's religious or moral beliefs, but an exemption form must be filed at the child care program.

 Name/Title of Person Completing this Form

 Date Received by the Child Care Program

* recommended but not required, enter if given.