



Child's Immunization Report

Child's Name: _____

Date of Birth: ____/____/____

Instructions: Enter each date of each dose received (Month/Day/Year) or attach a copy of the child's North Carolina Immunization Registry (NCIR) immunization record. The parent/guardian must submit a certificate of immunization on child's first day of attendance and as new vaccinations are administered. *G.S. 130A-155(b) requires all day care facilities to have this information on file.*

If child's doctor prefers to provide the child's "North Carolina Immunization Registry" (NCIR) record, please go to the bottom of page 2

ENTER DATE OF EACH DOSE (MONTH/DAY/YEAR)

Vaccine Type	Vaccine Abbreviation	Trade Name	Combination Names	1 Date	2 Date	3 Date	4 Date	5 Date
Diphtheria, Tetanus, Perussis	DTap, DT, DTP	Infranix, Daptacel	Pediarix, Pentacel, Kinrix					
Polio	IPV	IPOL	Pediarix, Pentacel, Kinrix					
Haemophilus Influenza Type B	Hib (PRP-T) Hib (PRP-OMP)	ActHIB, Pedvax HIB**	Pentacel					
Hepatitis B	HepB, HBV	Engerix-B, Recombivax HB	Pediarix					
Measles, Mumps, Rubella	MMR	MMR II	Proquad					
Varicella/Chicken Pox	Var	Varivax	Proquad					
Pneumococcal Conjugate*	PCV, PCV-13, PPV-23	Prevnar, Pneumovax***						

*Required by state law for children born on or after 7/1/2015.

**3 shots of PedvaxHIB are equivalent to 4 Hib doses. 4 doses are required if a child receives more than one brand of Hib shots.

***PPSV23 or Pneumovax is a different vaccine than Prevnar 13 and may be seen in high risk children over age 2. These children would also have received Prevnar 13.

Note: Children beyond their 5th birthday are not required to receive Hib or PCV vaccines.

Gray shaded boxes above indicate that the child should not have received any more doses of that vaccine.

Record updated by:	Date:	Record updated by:	Date:

MINIMUM STATE VACCINE REQUIREMENTS FOR CHILD CARE ENTRY

By this age:	Children Need These Shots:						
3 months	1 DTap	1 Polio		1 Hib	1 Hep B	1 PCV	
5 months	2 DTap	2 Polio		2 Hib	2 Hep B	2 PCV	
7 months	3 DTap	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
12-16 months	3 DTap	2 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
19 months	4 DTap	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years or older in child care only	4 DTap	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years and older and in Kindergarten	5 DTap	4 Polio	2 MMR	3-4 Hib**	3 Hep B	4 PCV	2 Var

Note: For children behind on immunizations, a catch-up schedule must meet minimal interval requirements for vaccines within a series. Consult with child's health care provider for questions.

VACCINES RECOMMENDED BY THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP), BUT NOT REQUIRED

Vaccine Type	Abbreviation	Trade Name	Recommended Schedule	1 Date	2 Date	3 Date	4 Date	5 Date
Rotavirus	RV1, RV5	Rotateq, Rotarix	Ages 2 mo., 4 mo., 6 mos.					
Hepatitis A	Hep A	Havrix, Vaqta	First dose, age 12-23 months. Second dose, within 6-18 months					
Influenza	Flu, IIV, LAIV	Fluzone, Fluarix, Flulaval, Flucelvax, FluMist, Afluria	Annually after age 6 months					

_____ **Please check here if the child's doctor is substituting the child's NCIR mentioned on page 1.**

Signature of child's doctor: _____

Date: ____/____/____

Printed name of child's doctor: _____

Doctors' phone number: _____

This form is based on the Child Immunization History (August 2019) form which is located at:

https://www.ncchildcare.nc.gov/Portals/0/documents/pdf/I/Immunization_Record.pdf?ver=93na4R-CliPaGuXRudapMA%3d%3d