Child Immunization History G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

The parent/guardian must submit a certificate of immunization on child's first day of attendance

ter the date of each do	ose received (iVlon	TR / LINU/ VONELO	Child's full name: Inter the date of each dose received (Month/Day/Year) or attach a copy of the North Carc						
Vaccine Type	Abbreviation	Trade Name		Combination Vaccines		date	a record. 3 date	4 date	5 dat
Diphtheria, Tetanus, Pertussis	DTaP, DT, DTP	Infanrix, Daptacel	Pedia	Pediarix, Pentacel, Kinrix					
Polio	IPV	IPOL	Pedia	Pediarix, Pentacel, Kinrix					
Haemophilus nfluenza type B	Hib (PRP-T) Hib (PRP-OMP)	ActHIB, PedvaxHIB **, Hiberix		Pentacel					
Hepatitis B	HepB, HBV	Engerix-B, Recombivax H		Pediarix					
Measles, Mumps, Rubella	MMR	MMR II	ProQu	ProQuad					
/aricella/Chicken Pox	Var	Varivax	ProQu	ProQuad					
Pneumococcal Conjugate*	PCV, PCV13, PPSV23***	Prevnar 13, Pneumovax**	*						
*Required by state law fo **3 shots of PedvaxHIB a ***PPSV23 or Pneumova nave received Prevnar 13 Note: Children beyond th Gray shaded boxes abo	re equivalent to 4 Hi x is a different vacci d. eir 5 th birthday are r ove indicate that t	b doses. 4 doses a ne than Prevnar 1 not required to re he child should	3 and may b ceive Hib or	ee seen in high risk child PCV vaccines. eceived any more dc	dren over a	age 2. The at vaccine	se childrer	would als	50
Signature of child's doctor or authorized representative			Date	ate Reco		ord updated by:			

ivinimum State vaccine Requirements for Child Care Entry

By This Age:	Children Need These Shots:						
3 months					1 Hep B		
5 months		2 Polio			2 Hep B		
7 months	3 DTaP	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
12 months	3 DTaP	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
16 months	3 DTaP	2 Polio	1 MMR	3-4 Hib**	2 Hep B	4 PCV	
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 Нер В	4 PCV	1 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.



NORTH CAROLINA Child Care Health and Safety Resource Center

800-367-2229 healthychildcare.unc.edu

Child Immunization History G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

Vaccine Type	Abbreviation	Trade Name	Recommended Schedule	1 date	2 date	3 date	4 date	5 date
Rotavirus	RV1, RV5	Rotateq, Rotarix	Age 2 months, 4 months, 6 months.					
Hepatitis A	Нер А	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.					
Coronavirus disease 2019	COVID-19	Comirnaty, Spikevax, Nuvaxovid, Jcovden	Annually after age 6 months.					

Vaccines Recommended (not required) by the Advisory Committee on Immunization Practices (ACIP)

Updated May 2023

