

Washoe County Childcare Immunization Worksheet

Child Name: _____ Date of Birth: _____ Age: _____ Childcare Name: _____

Refer to the ‘General Immunization Guide for Childcare Providers’ for recommended and catch-up schedule for Childcare entry.

Immunization	0 month Date	2 months Date	4 months Date	6 months Date	12 months Date	15 months Date	18 months Date	4 years Date	Next Due Date	Series Done
DTaP / DT	///////	Dose #1	Dose #2	Dose #3	///////	Dose #4*	///////	Dose #5		
IPV**	///////	Dose #1	Dose #2	Dose #3	///////	///////	///////	Dose #4		
Hep B	Dose #1	Dose #1 or #2	Dose #2 or #3	Dose #3 or #4	////////////////////////////////////					
Hib	///////	Dose #1	Dose #2	Dose #3***	Dose #4	///////	///////	///////		
PCV	///////	Dose #1	Dose #2	Dose #3	Dose #4	///////	///////	///////		
Hep A	////////////////////////////////////				Dose #1	///////	Dose #2	///////		
MMR	////////////////////////////////////				Dose #1	///////	///////	Dose #2		
Varicella****	////////////////////////////////////				Dose #1	///////	///////	Dose #2		

* DTaP #4 can be given as early as 12 months of age as long as there has been 6 months between dose 3 and dose 4.

** If Polio was given as an OPV (oral) on 4/01/2016 or after, it is **NOT** valid in the US and IPV needs to be given.

***Hib #3 is not needed if Hib (PRP-OMP) was used for doses 1 & 2.

****As of 6/30/2018, a child being admitted to child care must have age appropriate vaccination or proof of immunity to Varicella. No verbal history of chickenpox accepted.

Reviewed By: _____

Date: _____