

MEI Preschool Immunization Record

Child's name: _____

Date of Birth: _____

RECOMMENDED IMMUNIZATIONS:

	DATE				DATE		
2 months of age – 1st set of shots <input type="checkbox"/> Diphtheria, Pertussis, Tetanus, Polio <input type="checkbox"/> Haemophilus Influenza Type b (Hib) <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Pneumococcal Conjugate <input type="checkbox"/> Meningococcal C Conjugate	Y	M	D	12 months of age – 4th set of shots <input type="checkbox"/> Pneumococcal Conjugate <input type="checkbox"/> Measles, Mumps, Rubella (MMR) <input type="checkbox"/> Meningococcal C Conjugate <input type="checkbox"/> Varicella (chicken pox)	Y	M	D
4 months of age – 2nd set of shots <input type="checkbox"/> Diphtheria, Pertussis, Tetanus, Polio <input type="checkbox"/> Haemophilus Influenza Type b (Hib) <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Pneumococcal Conjugate				18 months of age – 5th set of shots <input type="checkbox"/> Diphtheria, Pertussis, Tetanus, Polio <input type="checkbox"/> Haemophilus Influenza Type b (Hib) <input type="checkbox"/> Measles, Mumps, Rubella (MMR)			
6 months of age – 3rd set of shots <input type="checkbox"/> Diphtheria, Pertussis, Tetanus, Polio <input type="checkbox"/> Haemophilus Influenza Type b (Hib) <input type="checkbox"/> Hepatitis B							

MEI Preschool Immunization Policy

Although immunizations are not required they are one of the most effective ways of preventing the spread of communicable diseases. We recommend that all children have their immunizations brought up to date prior to entry into our program and that the immunizations be kept up to date thereafter. Please update our files after each subsequent immunization.

Parents may choose to exempt their child from the immunization recommendations for personal, medical or religious reasons. If a parent has chosen to exempt their child from the scheduled immunization and an outbreak of the disease occurs, the child may be excused from preschool for the period deemed necessary by Public Health and / or MEI Preschool.

I have read the "Recommended Childhood Immunizations" and "MEI Preschool Immunization Policy."

To the best of my knowledge my child's current immunization status is as indicated below:

Child's immunization status for the above recommended immunizations is:

Complete (child has all recommended immunizations)

Incomplete If incomplete or unknown immunization status:

If incomplete last immunization received _____

Exempt - We have chosen to exempt our child from the recommended immunizations.

Parent /Guardian's signature: _____

Date: _____