

Child immunization and health record form

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Please attach a copy of your child's official immunization record from their health care provider or your state's immunization registry, and fill out the rest of this form. If our state has its own required health form, we'll give you that too. Please tell us whenever your child gets a vaccine or has a checkup.

Child

Full name _____

Date of birth _____

Parent or guardian name and phone _____

Health care provider

Child's health care provider and practice _____

Phone _____

Dentist (if your child has one) _____

Immunizations

Attach your child's official immunization record, or ask your child's health care provider to fill in this table with each vaccine and the date of every dose.

☐ Official immunization record attached

Vaccine	Dose 1 date	Dose 2 date	Dose 3 date	Dose 4 date	Dose 5 date

Exemptions

Fill this in only if your child has an exemption that our state allows, and attach the official exemption form. During an outbreak, the health department may ask that children who aren't vaccinated against that disease stay home.

☐ Exemption form attached

Type of exemption and the vaccines it covers _____

Checkups and screenings

Date of last well-child checkup _____

Next checkup due _____

Health screenings and dates (such as vision, hearing, lead or developmental screening, if our state or program asks for them)

Health information

If your child has allergies, takes medicine or has other health needs, please also fill out our medical and allergy form.

Allergies and reactions _____

Ongoing health conditions (such as asthma, diabetes or seizures)

Medicines taken regularly _____

Anything else that helps us care for your child

Health care provider signature (if our state or program requires it)

Some states require a health care provider to sign a child's health record or health assessment before the child starts childcare.

Health care provider's printed name _____

Health care provider signature and date _____

Parent or guardian

The information on this form is correct to the best of my knowledge. I'll tell the program when my child gets a vaccine, has a checkup or has a change in their health.

Parent or guardian's printed name _____

Parent or guardian signature _____

Date _____

For program use

Reviewed by and date _____

Next vaccines or records due (date) _____

Follow-up with the family (date and notes) _____

Free to use and change, but not legal or medical advice. Check your state's licensing rules and your insurer's requirements, and have a lawyer review any consent or waiver language.

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