* Renaissance Montessori School of Cary Immunization History

**Name: Date of Birth:**

Enter the date an immunization was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all child care facilities to have this information on file.

**Enter date of each dose - Month/Day/Year**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **VACCINE** | **#1** | **#2** | **#3** | **#4** | **#5** |
| \*DTP / DT (circlewhich) |  |  |  |  |  |
| \*Polio |  |  |  |  |  |
| \*\*Hib |  |  |  |  |  |
| \*Hepatitis B |  |  |  |  |  |
| \*MMR(combined doses) |  |  |  |  |  |
| \*\*\*Chicken Pox |  |  |  |  |  |
| OTHER |  |  |  |  |  |
| OTHER |  |  |  |  |  |

\*Required by state law.

\*\*Required by state law, however the requirement for the booster dose, #4, is temporarily suspended.

\*\*\*Required by State law for children born on or after 4/1/01.

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| --- | --- |
| **Records Updated by:** | **Date Updated:** |
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