

STATE OF COLORADO

Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department
of Public Health
and Environment

Dear Childcare Provider in the 2011-12 School Year,

The **IMMUNIZATION COURSE for Childcare Providers in Colorado** was developed to help you learn more about immunizations and the immunization requirements for children in a childcare setting in Colorado. If you choose to take the test, you can earn **2.5 contact hours** toward your childcare licensing requirement and because a new test is developed annually, you may take the test every year for credit. The course will be revised whenever there are changes to the immunization rules so even if you choose not to take the test, you can use the *Course* as an Immunization Manual that you can refer to as your immunization resource.

The course is divided into two parts:

- **Part 1** contains a variety of facts about vaccines and how they protect the body against certain diseases. You will also find information about immunization requirements established by the Colorado Board of Health. We would like to feature one of the documents, '**Immunization Quick Reference Chart for Child Care, Preschool & K-Entry**' which will be a useful tool for you in helping keep track of when children need to have their "**required**" vaccines. It's important to know that many health care providers administer "**recommended**" vaccines, which is an optimum immunization schedule.
- **Part 2** is the test part of the course and starts with multiple-choice questions. You may refer back to the information in the course as you take the test. You must score at least 80% in order to pass and receive your certificate. (You may take the test as many times as needed until you pass.) If you are not taking the test in the on-line format, please return all of Part 2 to:

Jamie D'Amico
CO Department of Public Health and Environment
DCEED-IMM-A3
4300 Cherry Creek Drive South
Denver, CO 80246

On-line format: In the 2011-12 school year, this course will be offered on-line and it is strongly recommended that you take the course using this method. Information about the on-line test taking will be provided in the "Child Care, School, College/University" page at the Colorado Immunization Programs website: www.ColoradoImmunizations.com

If you are not taking the test in the on-line format this year, please **make a copy of the test and forms** before mailing them back to us (in case the originals are lost in the mail). Please allow up to 4 weeks for grading the test manually and returning the results to you.

IMMUNIZATION COURSE



for Childcare Providers in Colorado

Version 2011-12 School Year
Expires 7/31/12

"The decision to immunize your child is a critical one, because vaccines are the single most effective protection against diseases that continue to threaten our children."

- Don Cook, M.D., Former President, American Academy of Pediatrics



Colorado Department
of Public Health
and Environment

Colorado Immunization Program (CIP)
Schools and Child Care

Part 1



INTRODUCTION

In the past, childhood diseases such as polio, diphtheria, pertussis, and measles were commonly seen in the United States and around the world. With the development of vaccines, **vaccine-preventable diseases** can now be prevented and controlled.

The discovery of vaccines began with Edward Jenner in 1796 with the smallpox vaccine. Today, smallpox, a disease that killed millions of people over the centuries, is now eliminated.

Polio, a disease that caused death and disability, is a health prevention success story because of the effectiveness of the polio vaccine. A 1916 polio epidemic in the U.S. killed 6,000 people and paralyzed 27,000 more. In the early 1950s, there were more than 20,000 cases of polio each year. Because of the introduction of the polio vaccine in 1955, we do not see “wild” polio virus in our country. There are on-going efforts to get rid of polio worldwide.

With increasing scientific knowledge and technology, many vaccines have been developed. These vaccines have prevented illness and saved lives.



WHY ARE CHILDHOOD IMMUNIZATIONS NECESSARY?

Children need immunizations (also called vaccinations or “shots”) to protect them against serious diseases. When children do not receive immunizations there is always the possibility of becoming infected by diseases that cause rashes, fevers, coughing, choking, brain damage, heart problems, paralysis, deafness, and liver disease. Because of their close contact, children in childcare settings can easily spread diseases to one another.

- ♥ Preschoolers who are behind on their shots need to be vaccinated to “catch up” and be protected.
- ♥ Many parents think that children only need shots when they are ready to enter kindergarten. *This is not true.* Children need to be vaccinated when they are babies and **need most of their shots before the age of two.**
- ♥ Parents should check with their health care provider or clinic to make sure their child is up-to-date on their shots.



COLORADO IMMUNIZATION LAW

The Colorado Board of Health requires that children attending schools (including child care facilities) have specific vaccinations. The Colorado School Entry Immunization Law requires that schools shall have on file an official Certificate of Immunization for every student enrolled. A parent will typically provide you with an immunization record from a doctor's office or clinic. You are then to transcribe that record onto a Certificate of Immunization.

These rules regarding immunizations are developed to protect the public's health and are a guide for schools. The major parts of the law for childcare settings are:

- ♥ **Each child must have an immunization record or signed exemption in order to be enrolled.** (*No record? No entry!*)
- ♥ **If a child has an incomplete immunization record, the school will give the parents “direct personal notification.”** The parent will then have 14 days to get the next required shot for their child or to make a plan to get that shot as soon as possible. A plan to complete any required shots must be written.
- ♥ **A student may have an exemption from receiving the required shots** for the following reasons:
 - Medical** - the child is unable to receive vaccination due to a medical/health issue; must be signed by a health care provider
 - Religious** - has a religious belief, including teachings opposed to immunizations; must be signed by parent or guardian
 - Personal** - has a personal belief against immunizations; must be signed by parent or guardian
- ♥ **If a child is homeless, a “public” school cannot deny attendance** according to the McKinney-Vento Act. (They can attend school while getting their vaccines).
- ♥ **Each school must have on file an approved *Certificate of Immunization*** for every student.
- ♥ **The Colorado Department of Public Health and Environment (CDPHE)** – the state health department – **may look at and check the immunization records** kept by each school.
- ♥ If a child **does not have the required shot(s)** or a plan to get the shot(s) after 14 days of receiving “direct personal notification,” that child **will not be allowed** to attend your child care.
- ♥ If other **children at the school have a vaccine-preventable disease, all un-immunized or under-immunized children may be told to stay home** from school.



CERTIFICATE OF IMMUNIZATION

Each child in the school **must** have an official Certificate of Immunization on file showing the child's immunizations. The format of a Certificate of Immunization is approved by the CDPHE. The CDPHE can provide you with blank Certificates of Immunization. The Material Order Form can be obtained on the IZ Website at: www.ColoradoImmunizations.com Go to the section titled, "*Child Care, School, College/University.*" Under the blue bar that has the word "Forms" in it, you'll find, at the bottom of that list, a link for "*Immunization materials order form – Word.*"

An official Certificate of Immunization may come in several forms, such as:

- Heavy card stock (Currently Gray)
- 8 ½ by 11-inch paper version
- Immunization Administration Record Sheet or Card (from clinics)
- Any "alternative" Certificate of Immunization approved by the CDPHE

A **copy** of a Certificate of Immunization is acceptable – including **faxed** copies.

The type of vaccine and the date the vaccine was given must be recorded on the Certificate of Immunization. If a child comes to your childcare facility with an immunization record that is not on an official Certificate of Immunization form, it is the responsibility of the childcare staff to carefully copy the information onto the official form.

The Certificate of Immunization is an ongoing document. In other words, do not use a new Certificate of Immunization each year even if there is a new requirement. Continue to use the child's original Certificate of Immunization and write any new required vaccine in the "**other**" line.

There is a new Certificate of Immunization that includes several signature lines based on age and grade. This allows you to check a box and provide a signature to indicate that a child is up to date at a specific age. It also allows for better record keeping and tracking of children's immunization status. Remember that when any new Certificates of Immunization are available, it is not necessary to recopy onto the new Certificates. Also keep in mind, that if a child has an exemption, the Certificate of Immunization **is not** to be signed. This is because all required immunizations have not been given and a child cannot be "**certified.**"

The Certificate of Immunization is to be signed by a physician, nurse, or school health authority. A school health authority is anyone at the child care facility who is authorized by the director to sign the Certificate.



INCOMPLETE IMMUNIZATIONS AND THE 14-DAY RULE

If a child comes to the childcare facility with an incomplete immunization record or falls behind on the required immunization schedule, the facility must contact the parent by “direct personal notification” (by telephone, e-mail, in person, or in writing). The parent has 14 days to make sure the child receives the required shot(s) or has a plan to get the shot(s). Then there must be a plan prepared for the child to receive any remaining required shots. It is the responsibility of the school to make sure that the parent follows the schedule. You can develop a “tickler system” for keeping track of a child’s immunizations, as described in the next section.



TICKLER SYSTEM FOR KEEPING TRACK OF CHILDREN’S IMMUNIZATIONS

- This system requires a card file with index cards, a box to hold them, and a set of monthly index card dividers (January – December).
- For a child needing future immunizations, enter his or her name on an index card and list all doses that will be needed. Using the “*Quick Reference Guide*” in the back of this course, determine when the next dose is due and note the deadline date on the upper right-hand corner of the follow-up card.
- File each follow-up card by the month the immunization record is due.
- At the beginning of each month, call, email, or send a letter to the parents to let them know that shots are due and inform them of the due date. Be sure to document on the index card the date the notice was sent.
- Enter immunization dates on the *Certificate of Immunization* when the doctor or clinic record is given to you by the parent.
- Repeat the steps above if additional immunizations will be needed in the future until all immunization requirements are met.
- It is required by law to exclude children whose parents do not provide proof of up-to-date immunization records after the “exclusion” date you provided.
- When no more immunizations are needed, remove the card from the file box.



REQUIRED IMMUNIZATIONS AND THE DISEASES THEY PROTECT AGAINST

DTaP is a combination of **Diphtheria**, **Tetanus**, and acellular **Pertussis**. A child should have four DTaP shots by 19 months of age. A child will have a fifth DTaP shot between the ages of four and six years to prepare for kindergarten unless the fourth DTaP shot was given at four years of age. The vaccine is only licensed for kids through 6 years of age so when children turn 7 years they are not to receive this vaccine.

Diphtheria occurs mostly in children and spreads very easily. It produces a strong poison that can damage the heart, kidneys, liver, and nerves. A thick lining covers the back of the throat, and the neck swells. It becomes hard to swallow. In the early 1900s, diphtheria was common in this country; in 1921, a total of 206,000 cases and 15,520 deaths were reported. The diphtheria vaccine became common in the late 1940s, and the number of cases

dropped quickly. Between 1980 and 2004, there were 57 cases of diphtheria in the U.S. Diphtheria continues to occur in other parts of the world.

Tetanus bacteria are commonly found in soil. Tetanus enters the body through a scratch, cut, or animal bite. It causes painful tightening of the muscles all over the body, usually starting at the head or neck area and working its way down. “Lockjaw,” as the disease is often called, means you are unable to open your mouth or swallow. Tetanus leads to death in about one out of ten cases. The tetanus immunization, first produced in 1924, was widely used during World War II. In the late 1940s, when 500 to 600 cases were reported each year in the U.S., the tetanus immunization became a regular part of childhood shots. Since the mid 1970s, 50 to 100 tetanus cases have been reported each year, and from 2000 to 2007, an average of 31 cases was reported each year.

Pertussis or “whooping cough” can be a serious illness that lasts for weeks. It causes coughing spells so bad that it is hard for infants to eat, drink, or breathe. Complications can include pneumonia, seizures, brain damage, and death. In the 20th century, pertussis was one of the most common childhood illnesses and a major cause of childhood death in the U.S. Between 1940 through 1945, more than 1 million cases were reported. The vaccine was introduced in 1940 and the disease steadily declined in following years. Pertussis continues to be a serious health issue, especially for infants and children who are not fully immunized with DTaP.

IPV is inactivated **polio** vaccine and is given as a shot, replacing the oral vaccine (OPV) in the U.S. At 6 months of age, a child should have at least two polio vaccinations. A child will have a fourth polio shot between the ages of four and six years to prepare for kindergarten. If the third polio shot was given at four years of age, the requirement is met and no further polio vaccinations are needed.

The poliomyelitis virus affects the spinal cord, and can cause paralysis. It can kill people who get it by paralyzing the muscles used for breathing.

Hib vaccine protects against the bacteria called ***Haemophilus influenzae type b***. The schedule for Hib depends on when the child first starts getting the vaccine. If a child is five years old, the vaccine is no longer required. If the child has his or her first Hib vaccine at or after 15 months of age, the requirement is only one dose. If the first dose of vaccine is given between the ages of 12 to 14 months, two doses are required. If the child is given their first dose before the age of 12 months, three doses are required. Hib is commonly combined with other vaccines.

Haemophilus influenzae type b can cause meningitis, an infection of the brain and spinal cord coverings. Complications can include brain damage, seizures, paralysis, hearing loss, and death. Hib disease can also cause pneumonia, swelling in the throat (making it hard to breathe), and infections of the blood, joints, bones, and covering of the heart. The disease usually affects children under five years old and is especially dangerous for children under two. Before the vaccine was available, about 20,000 children in the U.S. got severe Hib disease each year. Almost all of those cases were in kids under 5 years of age.

MMR is a vaccine that protects against **Measles, Mumps, and Rubella** (“German Measles”) viruses. The child must be at least 12 months of age before receiving his or her first MMR shot. (If the shot was given no more than 4 days before the 1st birthday, it

will be counted as valid). The second MMR shot is typically given between four and six years of age, however can be given at an interval of 4 weeks.

Measles, mumps, and rubella are spread through the air by a cough or a sneeze. If you are not protected, you can get any of these diseases just by being around or talking to someone with the disease.

Measles can cause a rash, cough, runny nose, eye irritation, and fever. It can lead to pneumonia, ear infections, brain damage, seizures, and death. In the 10th century, measles was more feared than smallpox. In the U.S., the first measles vaccine was approved in 1963. It is estimated that the number of measles cases before 1963 was three to four million each year. In 2002, 44 cases were reported. There were measles outbreaks between 1989-1991 and again in 2008 when parents chose not to vaccinate their children because of fears about the vaccine. Again, many people were hospitalized and there were deaths associated with the disease.

Mumps can cause a headache, swollen glands, and fever. It can lead to meningitis, deafness, and painful swelling of the testicles or ovaries. Approximately 212,000 cases of mumps occurred in the U.S. in 1964. In the U.S., an effective mumps vaccine was approved in 1967. In 2006, there was an outbreak in many states with more than 6,000 reported cases.

Rubella can cause a rash, mild fever, and joint pain. If a woman gets rubella while she is pregnant, her baby could be born too early or with serious birth defects including hearing, eye, and heart problems. In the U.S., a rubella vaccine was approved in 1969, the same year 57,686 cases were reported. Reporting of rubella disease is now very rare.

Hep B is the **Hepatitis B** vaccine that protects against the liver disease caused by the Hepatitis B virus. Three HBV shots should be given by the time the child turns 19 months of age. The first dose of this vaccine is typically given at birth (birth dose) and the 3rd dose should not be given until the child turns 6 months (24 weeks) of age.

Hepatitis B is spread through contact with the blood and body fluids of an infected person. The disease can cause a headache, rash, fever, tiredness, diarrhea, vomiting, dark urine, yellow skin or eyes, and pain in the muscles, joints, and stomach. It can lead to liver damage, liver cancer, and death. It is estimated that 1,250,000 people in this country have the disease. A Hepatitis B vaccine has been available in the U.S. since 1981.

Varicella vaccine protects against **chickenpox**, a common childhood disease. Unless the child has had the chickenpox disease, he or she will need one dose of varicella vaccine on or after the first birthday. Beginning in the 2007-08 school year, if a child has a case of chickenpox, it must be documented by a health care provider. This documentation is considered a reliable history of disease and the child will not need a vaccination as he/she is considered immune.

The chickenpox virus can cause fever, aches, a blister-like rash, and itching. It can lead to skin infection, scars, pneumonia, dehydration, brain damage, and death. The virus is spread through the air or from contact with the fluid in the blisters. Before the vaccine was approved in 1995, the number of chickenpox cases was about 4 million per year. Disease cases have dramatically declined since the vaccine has been recommended.

PCV13 is the vaccine that protects against pneumococcal disease caused by a bacteria. One to four shots are given depending on how old the child was when he/she received the first shot (See 'Immunization Quick Reference Chart 2011-12).

Pneumococcal disease can cause bacteremia which is a blood infection and bacterial pneumonia. It is also a common cause of acute otitis media and middle ear infection. Complications from pneumococcal otitis media can include mastoiditis and meningitis. The risk of pneumococcal disease and acute otitis media in the childcare setting is increased for children under 5 years of age. The PCV vaccine has been shown to be 90% effective in reducing invasive pneumococcal disease in infants and toddlers.



IMMUNIZATION SCHEDULE FOR PRE-KINDERGARTEN CHILDCARE SETTINGS

DTaP	4 doses (1 st dose by 4 months of age, 2 nd dose by 6 months of age, 3 rd dose by 12 months of age, 4 th dose by 19 months of age)
IPV	3 doses (1 st dose by 4 months of age, 2 nd dose by 6 months of age, 3 rd dose by 19 months of age).
Hib	3 doses if series started at less than 12 months of age; 2 doses if series started between 12 to 14 months of age; 1 dose if starting at 15 months of age or older (not given after 5 years of age)
MMR	1 dose required by 15 months of age (can give no sooner than 4 days before the 1 st birthday)
Hep B	3 doses (1 st dose by 4 months of age; 2 nd dose by 6 months of age; 3 rd dose by 19 months of age. (3 rd dose no sooner than 6 months of age)
Varicella	1 dose required by 15 months of age unless child has had the disease (can give no sooner than 4 days before the 1 st birthday)
PCV13	3 doses required if series started before 6 months of age with 1 dose on or after 12 months of age; 2 doses if started between 7 to 11 months with 1 dose after 12 months of age; 2 doses required if started between 12 to 23 months, and no new doses when 2 years or older.



MINIMUM INTERVALS

The minimum interval refers to the appropriate time spacing between vaccines. The following vaccines required for school entry must follow those minimum intervals.

Hepatitis B: The second dose should be administered at least 4 weeks after the first dose and the third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose must be given at, or after, 6 months of age.

MMR: There should be at least 4 weeks between dose 1 and dose 2.

Varicella: There should be at least 3 months (12 weeks) between dose 1 and dose 2.

DTaP: There should be 4 weeks between doses 1 & 2; 4 weeks between doses 2 & 3; at least 6 months between doses 3 & 4; and at least 6 months between doses 4 & 5. The final dose (4th or 5th dose) must be given between 4 and 6 years of age.

***A rule of thumb to remember is that a vaccine given *no more* than 4 days before the minimum dose or minimum age is considered valid dose.**



OTHER “Recommended” VACCINES

Other vaccines that are not ‘required’ but are ‘recommended’ for some ages include:

RotaTeq protects against a diarrhea illness caused by **Rotavirus**






Hep A which protects against the liver disease **Hepatitis A**

Influenza which protects against the **flu**



MORE RESOURCES

Included with this course are some handouts that are meant to be a guide for you:

-  **Immunization Quick Reference Chart 2011-12**
-  **Minimum Number of Immunization Doses for Child Care 2011-12**
-  **Certificate of Immunization**
-  **Table 1 – Minimum number of doses required for Certificate of Immunization**
-  **Chart of Vaccine Abbreviations**

TALKING TO PARENTS ABOUT IMMUNIZATIONS



Because of many misleading and distorted news reports, parents have become increasingly fearful or hesitant about having their child immunized. Parents also want to protect their child from vaccine-preventable diseases and need direction about what is the best thing to do for their child's health.

The Colorado Children's Immunization Coalition, in collaboration with the Colorado Department of Public Health and Environment, created a wonderful parent immunization website that provides lots of factual information about vaccines and how they protect against disease. It would be great if you, as a child care provider, viewed this site and recommended it to parents. It provides honest, factual information about vaccinations and will help you guide parents in making good choices about their child's health. Encourage them to talk to their doctor or clinic about vaccinating their child. The website is interesting, geared specifically towards parents, and will answer many questions:

www.ImmunizeForGood.com

The Immunization Program at the CDPHE provides assistance on many areas of child, teenage, and adult immunizations. For details about school immunization requirements in Colorado, call Jamie D'Amico at 303-692-2957 or e-mail her at jamie.damico@state.co.us. For general questions about immunizations, you can call 303-692-2650. For materials and other resources (such as informative brochures for parents), log on to the immunization website at www.ColoradoImmunizations.com

"Immunizations - a true medical success story. Without question, immunizations protect our children from dangerous infections that can cause long-term disease, disability, even death."

(Don Cook, MD, American Academy Pediatrics)





Immunization Quick Reference 2011-12

Immunization Chart for *Required* vaccines

(Child Care, Preschool & K-Entry)

1. This chart is a **tool** for childcare providers to determine which vaccines children in your care need to have in order to be in compliance with state immunization **requirements**. Select the appropriate age range for the child from the left hand column. Review the child's immunization record to assure they have at least the number of doses listed under each vaccine column directly to the right of their age.
2. If the child does not have the minimum number of doses, they must immediately be placed on a plan to obtain the remaining vaccinations. The parent should be directly notified (in person, by phone, or by mail) that their child does not have the minimum number of **required** doses. Within 14 days of direct notification, the parent must provide documentation that the vaccine was given or provide a signed written plan for obtaining the other required immunizations. (Remember: Colorado law has allowances for medical, religious, and personal exemptions).

Age of Child	# of required doses DT, DTP, or DTaP Diphtheria, Tetanus Pertussis	# of required doses Polio <i>Polio</i>	# of required doses MMR Measles Mumps Rubella	# of required doses Hib <i>Haemophilus influenzae type b</i>	# of required doses Hep B <i>Hepatitis B</i>	# of required doses Varicella <i>Chickenpox</i>	# of required doses PCV7 or PCV13 <i>Pneumococcal Disease</i>
< 4 mos.							
by 4 mos.	1	1		1	1		1
by 6 mos.	2	2		2	2 [↗]		2●
by 8 mos.	2	2		2	2 [↗]		3/2●
by 12 mos.	3	2		3/2♥	2 [↗]		3/2●
by 15 mos.	3	2	1+	3/2♥	2 [↗]	1*	4/3/2●
by 19 mos.	4	3	1	3/2/1♥	3 [↗]	1	4/3/2●
by 2 years	4	3	1	3/2/1♥	3 [↗]	1	4/3/2●
by 3 years	4	3	1	3/2/1♥	3 [↗]	1	
by 4 years	4	3	1	3/2/1♥	3 [↗]	1	
K-Entry	5/4♦	4/3♣	2		3 [↗]	2	

♥ The number of Hib doses required depends on the child's current age and the age when the Hib vaccine was administered. If any dose is given at or over 15 months, the Hib requirement is met. For children who begin the series before 12 months, 3 doses are required, of which at least 1 dose must be administered at or over 12 months. If the 1st dose was given at 12 to 14 months, 2 doses are required. If the current age is 5 years or older, no new or additional doses are required.

● The number of doses of pneumococcal conjugate vaccine (PCV7 or PCV13) depends on the student's current age and the age when the 1st dose was administered. If the 1st dose was administered between 2 to 6 months of age, the child will receive 3 doses two months apart and an additional dose between 12 to 15 months of age. If started between 7 to 11 months of age, the child will receive 2 doses, two months apart and an additional dose between 12 to 15 months of age. If the series was started between 12 to 23 months of age, then the child will receive 2 doses, two months apart. There is no requirement once the child turns **two years** of age. (Note: PCV13 has replaced PCV7 as of April 2010).

+ MMR, given more than 4 days before the 1st birthday is not a valid dose. That dose must be repeated.

♦ Five doses of pertussis, tetanus, and diphtheria vaccines are required at school entry in Colorado unless the 4th dose was given at 48 months of age or older (i.e., on or after the 4th birthday) in which case only 4 doses are required. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose 3, at least 6 months between dose 3 and dose 4, and at least 6 months between dose 4 and dose 5. The final dose must be given no sooner than 4 years of age (dose 4 may be given at 12 months of age provided there is at least 6 months between dose 3 and dose 4).

♣ Four doses of polio vaccine are required at school entry in Colorado unless the 3rd dose was given at 48 months of age or older (i.e., on or after the 4th birthday), in which case only 3 doses are required. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose 3, and at least 6 months between dose 3 and dose 4. The final dose must be given no sooner than 4 years of age.

* If a child has had chickenpox disease and it is documented by a health care provider, that child has met the varicella requirement. Varicella given more than 4 days before the 1st birthday is not a valid dose. That dose must be repeated.

↗ The 2nd dose of Hep B is to be given at least 4 weeks after the 1st dose; 3rd dose to be given at least 16 weeks (4 months) after 1st dose; and last dose to be given at 6 months of age or older. (For those kids who have 3 doses prior to 7/1/09, they do not need to follow the above stated intervals.)

Many Colorado children receive vaccines based on the **recommended** schedule from the Advisory Committee on Immunization Practices (ACIP), ensuring that kids are well protected against vaccine-preventable diseases. The schedule for Colorado's **required** immunizations may vary so, for this reason, please do not share this schedule with parents as it can cause confusion. This chart is a tool for child care providers.

**MINIMUM NUMBER OF IMMUNIZATION DOSES REQUIRED
Child Care through Preschool, 2011-12**

VACCINE	LEVEL OF SCHOOL/AGE OF CHILD				
	Child Care 2 to 3 months	Child Care 4 to 5 months	Child Care 6 to 14 months	Child Care 15 to 18 months	Preschool 19 months to 4 years
	<i>Vaccines administered ≤ 4 days before the minimum age are valid</i>				
Pertussis	1	2	3	4	4
Tetanus/Diphtheria	1	2	3	4	4
Polio: A laboratory test showing immunity is acceptable.	1	2	3	3	3
Haemophilus influenzae type B (Hib): If any dose is administered at, or over, 15 months of age, the requirement is met. If a child begins the series at less than 12 months of age, 3 doses are required, of which 1 dose must be administered no more than 4 days before the 1st birthday. If the 1st dose is administered at 12 to 14 months of age, 2 doses are required. If a child is 5 years of age or older, the vaccine is no longer required.	1	2	3/2	3/2/1	3/2/1
Measles/Mumps/Rubella (MMR): For school certification, the 1st dose cannot be administered more than 4 days before the 1st birthday. A laboratory test showing immunity is acceptable.	0	0	0	1	1
Hepatitis B: A laboratory test showing immunity is acceptable. The 2nd dose must be administered at least 4 wks after the 1st dose. The 3rd dose must be administered at least 16 weeks after the 1st dose and at least 8 weeks after the 2nd dose. The final dose is to be administered no sooner than 16 wks or 6 months of age. (Those students who have not received 3 doses by 7/1/09 are required to follow these minimum intervals)	1	2	2	3	3
Varicella (Chickenpox): For school certification, the 1st dose cannot be administered more than 4 days before the 1st birthday. Documentation of the disease from a health care provider or a laboratory test showing immunity is acceptable.	0	0	0	1	1
Prevnar/PCV (Pneumococcal Disease): If started at 2-6 months of age, 3 doses two months apart are required with an additional dose at 12-15 months of age. If started 7-11 months of age, the child receives 2 doses two months apart with an additional dose between 12-15 months of age. If started at 12-23 months of age, the child will receive 2 doses two months apart. No new or additional doses when the child turns 2 years of age.	1	2	4/3/2	4/3/2	4/3/2

You must provide one of the following to your child's school in order to comply with the law:

1. A completed Certificate of Immunization certifying that the student has received minimum immunizations as indicated above.
2. If a student's Certificate of Immunization is not up to date, the parent, guardian, or emancipated student has 14 days after notification to provide documentation that the next required immunization was administered and submit a written plan for completion of any additional required immunizations. If the plan is not completed, the student shall be expelled or suspended from school for non-compliance. Exception to this is a shortage of vaccine.
3. Statement of Exemption to Immunization Law printed on the reverse side of the Colorado Department of Public Health and Environment Certificate of Immunization:
 - a) a medical exemption signed by licensed physician stating that the student's physical condition is such that immunizations would endanger life or health or is otherwise medically contraindicated; or
 - b) a religious exemption signed by the parent, guardian, or emancipated student that the student adheres to a religious belief opposed to immunizations; or
 - c) a personal exemption signed by the parent, guardian, or emancipated student that the student adheres to a personal belief opposed to immunizations.

Immunization requirements will be strictly enforced for all students. Students who do not meet the requirements will be denied attendance according to Colorado Revised Statutes 25-4-902.



COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS

Name _____ Date of Birth _____
 Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine	Enter the month, day and year each immunization was given						
Hep B	Hepatitis B						
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)						
DT	Diphtheria, Tetanus (pediatric)						
Tdap	Tetanus, Diphtheria, Pertussis						
Td	Tetanus, Diphtheria						
Hib	<i>Haemophilus influenzae</i> type b						
IPV/OPV	Polio						
PCV	Pneumococcal Conjugate						
MMR	Measles, Mumps, Rubella						
Varicella	Chickenpox						
<small>Healthcare Provider Documentation Date _____ Lab Verification Date _____</small>							
Vaccines recorded below this line are recommended. Recording of dates is encouraged.							
HPV	Human Papillomavirus						
Rota	Rotavirus						
MCV4/MPSV4	Meningococcal						
Hep A	Hepatitis A						
TIV/LAIV	Influenza						
Other							

THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER

A) Child Care Up to Date
 Up to date through 6 months of age for Colorado School Immunization Requirements Update Signature _____ Date _____

B) Child Care Up to Date
 Up to date through 18 months of age for Colorado School Immunization Requirements Update Signature _____ Date _____

C) Child Care/Pre-school/Pre-K*
 Up to date for Child Care/Pre-School/Pre-K for Colorado School Immunization Requirements Update Signature _____ Date _____

D) Complete for K-5th Grade
 Up to date for K-5th Grade for Colorado School Immunization Requirements Update Signature _____ Date _____

* If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D.

HAS MET ALL IMMUNIZATION REQUIREMENTS FOR COLORADO SCHOOLS (6TH GRADE OR HIGHER)

Signed _____ Title _____ Date _____
(Physician, nurse, or school health authority)

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.
SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

EXENCIÓN POR RAZONES MÉDICAS: El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

Signed (Firma) _____ Date (Fecha) _____

Medical exemption to the following vaccine(s):
La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):

Hep B DTaP Tdap Hib IPV PCV MMR VAR

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

EXENCIÓN POR MOTIVOS RELIGIOSOS: El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

Signed (Firma) _____ Date (Fecha) _____

Religious exemption to the following vaccine(s):
Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):

Hep B DTaP Tdap Hib IPV PCV MMR VAR

Parent, guardian, emancipated student/consenting minor
 (Padre, tutor, estudiante emancipado o consentimiento del menor)

PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

EXENCIÓN POR CREENCIAS PERSONALES: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

Signed (Firma) _____ Date (Fecha) _____

Personal exemption to the following vaccine(s):
Exención por creencias personales de la(s) siguiente(s) vacuna(s):

Hep B DTaP Tdap Hib IPV PCV MMR VAR

Parent, guardian, emancipated student/consenting minor
 (Padre, tutor, estudiante emancipado o consentimiento del menor)

Table 1. MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION

VACCINE ^a	Level of School/Age of Student											
	Child Care 2-3 mos	Child Care 4-5 mos	Child Care 6-7 mos	Child Care 8-11 mos	Child Care 12-14 mos	Child Care 15-18 mos	Child Care 19-23 mos	Pre-school 2-4 yrs	K Entry 4-6 yrs	Grades K to 5 5-10 yrs	Grades 6 to 12 11-18+yrs	College
Hepatitis B ⁱ	1	2	3						3	3	3	
Pertussis/ Tetanus/ Diphtheria	1	2	3		see footnote b	4			5/4 ^b	5/4 ^{b,c}	5/6 ^{c,d}	
<i>Haemophilus influenzae</i> type b (Hib) ^j	1	2	2	3/2	3/2	3/2/1	3/2/1	3/2/1				
Pneumococcal Conjugate ^k	1	2	3/2		4/3/2	see footnote k						
Polio ^e	1	2	3						4/3 ^f	4/3 ^f	4/3 ^f	
Measles/ Mumps/ Rubella ^g					1	see footnote g			2 ^h	2 ^h	2 ^h	2 ^{h,i}
Varicella ^m					1	see footnote n			2 ⁿ	2/1 ⁿ	2/1 ^{n,o}	
Meningococcal												^p

^a: Vaccine doses administered no more than 4 days before the minimum interval or age are to be counted as valid.
^b: Five doses of pertussis, tetanus, and diphtheria vaccines are required at school entry in Colorado unless the 4th dose was given at 48 months of age or older (i.e., on or after the 4th birthday) in which case only 4 doses are required. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose 3, at least 6 months between dose 3 and dose 4 and at least 6 months between dose 4 and dose 5. The final dose must be given no sooner than 4 years of age (dose 4 may be given at 12 months of age provided there is at least 6 months between dose 3 and dose 4).
^c: For students 7 years of age or older who have not had the required number of pertussis doses, no new or additional doses are required.
^d: The student must meet the minimum prior requirement for the 4th or 5th doses of diphtheria, tetanus, and pertussis vaccine and have 1 tetanus, diphtheria, and pertussis vaccine dose.
^e: For polio, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable.
^f: Four doses of polio vaccine are required at school entry in Colorado unless the 3rd dose was given at 48 months of age or older (i.e., on or after the 4th birth-day) in which case only 3 doses are required. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose 3 and at least 6 months between dose 3 and dose 4. The final dose must be given no sooner than 4 years of age.
^g: For measles, mumps, and rubella, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable for the specific disease tested. The 1st dose of measles, mumps, and rubella vaccine must have been administered at 12 months of age or older (i.e., on or after the 1st birth-day) to be acceptable.
^h: The 2nd dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered at least 28 calendar days after the 1st dose.
ⁱ: Measles, mumps, and rubella vaccine is not required for college students born before January 1, 1957.
^j: The number of Hib vaccine doses required depends on the student's current age and the age when the vaccine was administered. If any dose was given at 15 months of age or older, the Hib vaccine requirement is met. For students who began the series before 12 months of age, 3 doses are required of which at least 1 dose must have been administered at 12 months of age or older (i.e., on or after the 1st birthday). If the 1st dose was given at 12 to 14 months of age, 2 doses are required. If the current age is 5 years of age or older, no new or additional doses are required.
^k: The number of pneumococcal conjugate vaccine doses depends on the student's current age and the age when the 1st dose was administered. If the 1st dose was administered before 6 months of age, the child is required to receive 3 doses 2 months apart and an additional dose between 12-15 months of age. If started between 7-11 months of age, the child is required to receive 2 doses, two months apart and an additional dose between 12-15 months of age. If the series was started between 12-23 months of age, then the child is required to receive 2 doses, two months apart. If the current age is 2 years of age or older, no new or additional doses are required.
^l: For hepatitis B, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable. The second dose is to be administered at least 4 weeks after the first dose, and the third dose is to be administered at least 16 weeks after the first dose and at least 8 weeks after the second dose. The final dose is to be administered at 24 weeks of age (6 months of age) or older and is not to be administered prior to 6 months of age.
^m: For varicella, written evidence of a laboratory test showing immunity or a documented disease history from a health care provider is acceptable. The 1st dose of varicella vaccine must have been administered at 12 months of age or older (i.e., on or after the 1st birthday) to be acceptable.
ⁿ: If the second dose of varicella vaccine was administered to a child before 13 years of age, the minimum interval between dose 1 and dose 2 is three months, however, if the second dose is administered at least 28 days following the first dose, the second dose does not need to be repeated. For a child who is 13 years of age or older, the second dose of varicella vaccine must have been administered at least 28 calendar days after the 1st dose. See Table 2 for the school years/grade levels that the 1st and 2nd doses of varicella will be required.
^o: If the 1st dose of varicella vaccine was administered at 13 years of age, 2 doses are required, separated by a minimum of 4 weeks or 28 calendar days.
^p: Information concerning meningococcal disease and the meningococcal vaccine shall be provided to each new student or if the student is under 18 years, to the student's parent or guardian. If the student does not obtain a vaccine, a signature must be obtained from the student or if the student is under 18 years, the student's parent or guardian indicating that the information was reviewed.

Table 2. TIMETABLE FOR IMPLEMENTATION OF REQUIREMENTS FOR SELECTED IMMUNIZATIONS FOR GRADES K TO 12

Refer to Table 1 for the minimum number of doses required for a particular grade level. Table 2 shows the year of implementation for a requirement from Table 1 and is restricted to varicella vaccine dose 1 (Var1) and dose 2 (Var2) and tetanus, diphtheria, and pertussis (Tdap) vaccine. Requirements and effective dates for other vaccines are listed in Table 1. In this table, after a vaccine is required for grades K to 12, it is no longer shown, but the requirements listed in Table 1 continue to apply.

School Year	Grade Level												
	K	1	2	3	4	5	6	7	8	9	10	11	12
2007-08	Var2	Var1	Var1	Var1	Var1	Var1	Tdap Var1	Var1			Tdap		
2008-09	Var2	Var2	Var1	Var1	Var1	Var1	Tdap Var1	Tdap Var1	Var1		Tdap	Tdap	
2009-10	Var2	Var2	Var2	Var1	Var1	Var1	Tdap Var1	Tdap Var1	Tdap Var1	Var1	Tdap	Tdap	Tdap
2010-11	Var2	Var2	Var2	Var2	Var1	Var1	Tdap Var1	Tdap Var1	Tdap Var1	Var1	Tdap Var1	Tdap	Tdap
2011-12	Var2	Var2	Var2	Var2	Var2	Var1	Var1	Var1	Var1	Var1	Var1	Var1	
2012-13 (Var1 required for grades K to 12)	Var2	Var2	Var2	Var2	Var2	Var2	Var1	Var1	Var1	Var1	Var1	Var1	Var1
2013-14	Var2	Var2	Var2	Var2	Var2	Var2	Var2						
2014-15	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2					
2015-16	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2				
2016-17	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2			
2017-18	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2		
2018-19	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	
2019-20 (Var2 required for grades K to 12)	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2

Advisory Committee on Immunization Practices

U.S. VACCINE ABBREVIATIONS

Abbreviations for Vaccines Included in the Immunization Schedules for Children, Adolescents, and Adults

Following is a table of standardized vaccine abbreviations, which was developed jointly by staff of the Centers for Disease Control and Prevention, ACIP Work Groups, the editor of the *Morbidity and Mortality Weekly Report (MMWR)*, the editor of *Epidemiology and Prevention of Vaccine-Preventable Diseases* (the “Pink Book”), ACIP members, and liaison organizations to the ACIP.

These abbreviations are intended to provide a uniform approach to vaccine references used in ACIP Recommendations and Policy Notes that are published in the *MMWR*, the *Pink Book*, and the American Academy of Pediatrics *Red Book*; and in the U.S. immunization schedules for children, adolescents, and adults.

Vaccine	Abbreviation*	Trade Name
Diphtheria, tetanus and pertussis-containing vaccines		
• Diphtheria and tetanus toxoids adsorbed (children)	DT	several mfrs† F.
• Diphtheria and tetanus toxoids and acellular pertussis vaccine adsorbed	DTaP	several mfrs
• Tetanus and diphtheria toxoids adsorbed (adult)	Td	several mfrs
• Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine, adsorbed	Tdap	Adacel, Boostrix
• Tetanus toxoid	TT	several mfrs
• Diphtheria and tetanus toxoids and acellular pertussis adsorbed and <i>Haemophilus influenzae</i> type b conjugate vaccine	DTaP/Hib	TriHIBit
• Diphtheria and tetanus toxoids and acellular pertussis adsorbed, hepatitis B and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediatrix
• Diphtheria and tetanus toxoids and acellular pertussis adsorbed and inactivated poliovirus vaccine	DTaP-IPV	Kinrix
• Diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus and <i>Haemophilus influenzae</i> type b conjugate vaccine	DTaP-IPV/Hib	Pentacel
<i>Haemophilus influenzae</i> type b-containing vaccines		
• <i>Haemophilus influenzae</i> type b conjugate vaccine	Hib	PedvaxHIB ActHIB
• <i>Haemophilus influenzae</i> type b conjugate and hepatitis B vaccine	Hib-HepB	Comvax

* dash (-) indicates: products that are supplied in their final form by the manufacturer and do not require mixing or reconstitution by user; slash (/) indicates: products that are mixed or reconstituted by user.

† several manufacturers; for complete listing, see <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines.pdf> and <http://www.cdc.gov/vaccines/about/terms/USVaccines.html>.

Vaccine	Abbreviation *	Trade Name
• Diphtheria and tetanus toxoids and acellular pertussis adsorbed and <i>Haemophilus influenzae</i> type b conjugate vaccine	DTaP/Hib	TriHIBit
• Diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus and <i>Haemophilus influenzae</i> type b conjugate vaccine	DTaP-IPV/Hib	Pentacel
Hepatitis- containing vaccines		
• Hepatitis A vaccine	HepA	Havrix Vaqta
• Hepatitis B vaccine	HepB	Engerix-B Recombivax HB
• Hepatitis A inactivated and hepatitis B vaccine	HepA-HepB	Twinrix
• Diphtheria and tetanus toxoids and acellular pertussis adsorbed, hepatitis B and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix
• <i>Haemophilus influenzae</i> type b conjugate and hepatitis B vaccine	Hib-HepB	Comvax
Human papillomavirus vaccines		
• Human papillomavirus vaccine (quadrivalent)	HPV4	Gardasil
• Human papillomavirus vaccine (bivalent)	HPV2	Cervarix
Influenza vaccines		
• Trivalent inactivated influenza vaccine	TIV	several mfrs
• Live attenuated influenza vaccine	LAIV	FluMist
Measles-containing vaccines		
• Measles, mumps, and rubella vaccine	MMR	M-M-R II
• Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad
Meningococcal vaccines		
• Meningococcal conjugate vaccine (quadrivalent)	MCV4	Menactra, Menveo
• Meningococcal polysaccharide vaccine (quadrivalent)	MPSV4	Menomune
Pneumococcal vaccines		
• Pneumococcal conjugate vaccine (7-valent)	PCV7	Prevnar
• Pneumococcal conjugate vaccine (13-valent)	PCV13	Prevnar 13
• Pneumococcal polysaccharide vaccine (23-valent)	PPSV23	Pneumovax 23
Poliovirus-containing vaccines		
• Poliovirus vaccine (inactivated)	IPV	Ipol
• Diphtheria and tetanus toxoids and acellular pertussis adsorbed and inactivated poliovirus vaccine	DTaP-IPV	Kinrix

Vaccine	Abbreviation *	Trade Name
• Diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus and <i>Haemophilus influenzae</i> type b conjugate vaccine	DTaP-IPV/Hib	Pentacel
Rotavirus vaccines		
• Rotavirus vaccine (monovalent)	RV1	Rotarix
• Rotavirus vaccine (pentavalent)	RV5	RotaTeq
Varicella-containing vaccines		
• Varicella vaccine	VAR	Varivax
• Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad
• Herpes zoster (shingles) vaccine	ZOS	Zostavax

This page can be found on the CDC website at: <http://www.cdc.gov/vaccines/recs/acip/downloads/vac-abbrev.pdf>

Name: _____

Phone: _____

Address: _____

Part 2 - TEST

Immunization Course for Childcare Providers in Colorado

Version 2011-12 School Year

Submit by 7/31/12

1. Colorado law requires that each child have on file a Certificate of Immunization?
 - A. True
 - B. False
2. The Colorado Department of Public Health and Environment (CDPHE) may check immunization records in your child care or preschool.
 - A. True
 - B. False
3. After receiving "direct personal notification" from you, how many days does the parent have to make plans to get the shot?
 - A. 5 days
 - B. 14 days
 - C. 21 days
 - D. 30 days
4. If a plan has not been made for the child to receive the required immunizations two weeks after receiving "direct personal notification" ...
 - A. ...the child is allowed as long as he/she doesn't interact with other children.
 - B. ... you are responsible for taking the child to the doctor for shots.
 - C. ...the child is only allowed to stay at your facility one day a week.
 - D. ... the child will not be allowed to attend your facility.
5. "Direct Personal Notification" can mean notifying a parent:
 - A. By telephone
 - B. In writing or by email
 - C. In person
 - D. Any of the above
6. It is acceptable to have a print copy or faxed copy of the Certificate of Immunization?
 - A. True
 - B. False

15. If a Certificate of Immunization changes, should the child care transcribe immunizations onto a new form or should they just use the same form?
- A. No, they should continue using the same form
 - B. It doesn't matter
 - C. Yes, always copy onto a new form
 - D. Only at Kindergarten entry
16. A Certificate of Immunization is not the "official" immunization form.
- A. True
 - B. False
17. A certificate of immunization can be a faxed copy.
- A. True
 - B. False
18. Who is the "School Health Authority" who signs the Certificate of Immunization?
- A. The doctor or nurse in the clinic
 - B. The nurse consultant at the child care
 - C. The person in the child care designated by the director
 - D. All of the above
19. The "14 Day Rule" states that.....
- A. The child has 14 days to get the shot or can't attend child care
 - B. The parent has 14 days to talk to the child care about shots
 - C. The child has 14 days to get the shot or make a plan to get shots
 - D. All of the above
20. If a parent provides you with a yellow immunization record that is not an official Certificate of Immunization, you are to.....
- A. Send the child back to the doctor's office to get a Certificate of Immunization
 - B. Make a copy of it and staple to the Certificate of Immunization
 - C. Carefully copy the information onto the Certificate of Immunization
 - D. File the yellow card



You are almost done...

Be sure to read these directions carefully.

To assist you in the following exercise, use the **“Immunization Quick Reference Guide”** or you can find the answers in the **“manual”** or text of the course.

1. You are reviewing immunization records for Scott, Simone, and KiKi. Each of these kids need 3 vaccines. On the score sheet below, indicate which vaccines are missing.
2. You would normally indicate the child’s date of birth on an immunization record, but for the purposes of this exam, we will provide an age which will be useful in using the **“Immunization Quick Reference Guide.”**

For each child, indicate which 3 vaccines are needed to become up-to-date by marking with an “X” on the line before each missing vaccine.

Scott	Simone (in Kindergarten)	KiKi
<input type="checkbox"/> Hep B	<input type="checkbox"/> Hep B	<input type="checkbox"/> Hep B
<input type="checkbox"/> DTaP	<input type="checkbox"/> DTaP	<input type="checkbox"/> DTaP
<input type="checkbox"/> Polio	<input type="checkbox"/> Polio	<input type="checkbox"/> Polio
<input type="checkbox"/> MMR	<input type="checkbox"/> MMR	<input type="checkbox"/> MMR
<input type="checkbox"/> Var	<input type="checkbox"/> Var	<input type="checkbox"/> PCV
<input type="checkbox"/> PCV	<input type="checkbox"/> PCV	<input type="checkbox"/> Hib

Immunization Record

Patient Name Scott Cool **DOB** Age: 23 months
Provider Name Dr. Goodie **Parents:** Jim and Nancy Cool

Vaccine	Signature ¹	Immunization Date	Date VIS ² Given	Administered by
Hep B-1	<i>Jim Cool</i>	2/29/09	2/29/09	Ann Brown, RN
Hep B-2	<i>Nancy Cool</i>	4/30/09	4/30/09	Ann Brown, RN
Hep B-3				
DTaP/DTP/DT-1	<i>Nancy Cool</i>	2/29/09	2/29/09	Dr. Adams
DTaP/DTP/DT-2	<i>Jim Cool</i>	4/30/09	4/30/09	Ann Brown, RN
DTaP/DTP/DT-3	<i>Nancy Cool</i>	7/1/09	7/1/09	Ann Brown, RN
DTaP/DTP/DT-4				
DTaP/DTP/DT-5				
Hib-1	<i>Jim Cool</i>	2/29/09	2/29/09	Dr. Adams
Hib-2	<i>Jim Cool</i>	4/30/09	4/30/09	Ann Brown, RN
Hib-3	<i>Nancy Cool</i>	7/1/09	5/4/10	Ann Brown, RN
Hib-4	<i>Nancy Cool</i>	1/07/11	1/07/11	Ann Brown, RN
IPV/OPV-1	<i>Nancy Cool</i>	2/29/09	2/29/09	Dr. Adams
IPV/OPV-2	<i>Jim Cool</i>	4/30/09	4/30/09	Ann Brown, RN
IPV/OPV-3				
IPV/OPV-4				
MMR-1	<i>Jim Cool</i>	6/15/10	12/15/09	Sam Goodie, MD
MMR-2				
Var-1	<i>Nancy Cool</i>	6/15/10	12/15/09	Ann Brown, RN
Var-2				
Varicella Disease:	Documented by Health Care Provider: yes _____ Date: _____			
PCV7-1	<i>Nancy Cool</i>	2/29/09	2/29/09	Ann Brown, RN
PCV7-2	<i>Nancy Cool</i>	4/30/09	4/30/09	Ann Brown, RN
PCV13-3	<i>Nancy Cool</i>	5/4/10	5/4/10	Ann Brown, RN
PCV13-4	<i>Nancy Cool</i>	1/07/11	1/07/11	Ann Brown, RN

¹Signature = Parent, guardian, emancipated student, consenting minor, adult

²VIS = Vaccine Information Statement

IMMUNIZATION RECORD

NAME Simone Knox (KINDERGARTEN Entry)
PARENT/GUARDIAN Christina Knox
DATE OF BIRTH (month, day, year) 5 yrs, 6 months

VACCINE	DOSE	VACCINE TYPE	DATE GIVEN	DOCTOR OR CLINIC
HB Hepatitis B	1	ENGERIX-B HB	3-24-05	Northside Hospital
	2	#B	9/24/06	Harris County Health
	3	#B	1/26/09	Dr. Freeman
DTaP/DT Diphtheria, Tetanus, and Pertussis	1	DTaP	9/24/06	Harris County Health
	2	DTaP	11/28/06	Harris County Health
	3	DTaP	1/26/07	Dr. Freeman
	4	DTaP	6/24/08	Dr. Freeman
	5			
Hib Haemophilus influenzae type b	1	#ib	9/24/06	Harris County Health
	2	#ib	11/28/06	Harris County Health
	3	ActHib	1/26/07	Dr. Freeman
	4			
OPV/IPV Poliovirus	1	IPV	9/24/06	Harris County Health
	2	IPV	11/28/06	Harris County Health
	3	IPV	1/26/07	Harris County
	4			
MMR Measles, Mumps, and Rubella	1	MMR	6/25/06	Mary Polk, RN
	2			
Varicella	1			
	2			
	Had chickenpox disease documented by Health Care Provider <input checked="" type="checkbox"/> yes Date: 1/5/2007			
PCV7	1	PCV7	6/26/06	Harris County Health
	2	PCV7	9/2/06	Harris County Health
	3	PCV7	1/26/09	Harris County Health
	4			

IMMUNIZATION RECORD

NAME KiKi Johnson
PARENT/GUARDIAN Patty Smith
DATE OF BIRTH (month, day, year) 6½ months of age

VACCINE	DOSE	VACCINE TYPE	DATE GIVEN	DOCTOR OR CLINIC
HB Hepatitis B	1	HBV	1/1/2011	Memorial Hospital
	2			
	3			
DTaP/DT Diphtheria, Tetanus, and Pertussis	1	<i>DTaP</i>	<i>2/14/11</i>	<i>Dr. Manfredo</i>
	2	<i>DTaP</i>	<i>4/15/11</i>	<i>Dr. Manfredo</i>
	3	<i>DTaP</i>	<i>6/24/11</i>	<i>Dr. Manfredo</i>
	4			
	5			
Hib Haemophilus influenzae type b	1	<i>Hib</i>	<i>2/14/11</i>	<i>Dr. Manfredo</i>
	2			
	3			
	4			
OPV/IPV Polio myelitis	1	<i>OPV</i>	<i>2/14/11</i>	<i>Dr. Manfredo</i>
	2	<i>OPV</i>	<i>4/15/11</i>	<i>Dr. Manfredo</i>
	3	OPV	6/24/11	Nurse Betty, RN
	4			
MMR Measles, Mumps, and Rubella	1			
	2			
Varicella	1			
	2			
	Had chickenpox disease <input type="checkbox"/> Date: _____			
PCV7 Pneumo. Disease	1	PCV13	2/14/11	Holcomb H.D.
	2			
	3			
	4			

For CDPHE Use Only

		Possible
# of Questions correct out of 36 _____	x 2 pts each	_____ <u>72</u>
Scott: Correctly identified 3 missing IZs	x 3 pts each	_____ <u>9</u>
Simone: Correctly identified 3 missing IZs	x 3 pts each	_____ <u>9</u>
KiKi: Correctly identified 3 missing IZs	x 3 pts each	_____ <u>9</u>
Completed both sections of test	x 1 point	_____ <u>1</u>
Score:	_____ %	<u>100%</u>

