

# Sunshine Kids Learning Center

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## Immunizations



### Parents

Mother \_\_\_\_\_ Father \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Immunization History

Vaccine	Yes/No	Dose	Month/Day/Year
DTP/DT/Td	__Yes __No	1	_____
DTP/DT/Td	__Yes __No	2	_____
DTP/DT/Td	__Yes __No	3	_____
DTaP/DT/Td	__Yes __No	4	_____
DTaP/DT/Td	__Yes __No	5	_____
DTP/DT/Td	__Yes __No	6	_____
TOPV/IPV	__Yes __No	1	_____
TOPV/IPV	__Yes __No	2	_____
TOPV/IPV	__Yes __No	3	_____
TOPV/IPV	__Yes __No	4	_____
TOPV/IPV	__Yes __No	5	_____
Measles	__Yes __No	1	_____
Measles	__Yes __No	2	_____
Rubella	__Yes __No	1	_____
Rubella	__Yes __No	2	_____
Mumps	__Yes __No	1	_____
Mumps	__Yes __No	2	_____
Chicken Pox	__Yes __No	1	_____
Haemophilus	__Yes __No	1	_____
Influenza b (Hib)	__Yes __No	1	_____
HbOC/PRP-OMP	__Yes __No	1	_____
PRP-D/HbPv/HbCV	__Yes __No	1	_____
Other	__Yes __No	1	_____

#### Medical Exemptions

- \_\_\_ Diphtheria
- \_\_\_ Measles
- \_\_\_ Haemophilus
- \_\_\_ Tetanus
- \_\_\_ Rubella
- \_\_\_ Polio
- \_\_\_ Mumps
- \_\_\_ Other

#### Child's Doctor

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of person filling out form

\_\_\_\_\_