

PRESCHOOL IMMUNIZATION INFORMATION FROM PARENTS

Dear Parent:

The State of Nebraska requires immunization information to be recorded for all children in school, including preschool. Please submit a copy of your child's immunization record to school before preschool classes start in the fall. If this information is not received by then, your child may be asked to wait to begin preschool classes until it is received. Thank you.

Child's Name: _____ Date of Birth: _____

Family Physician: _____

Give MONTH, DAY and YEAR of each immunization

DTP, DTaP, DT or TD (Diphtheria-Tetnus-Pertussis)						
Oral Polio/IPV						
MMR						
Hib						
Hepatitis B						
Varicella (Chickenpox)						

Signature: _____

Date: _____

**Summary of the Changes to the School Immunization Rules and Regulations
State of Nebraska Department of Health and Human Services
Implementation Date: Revised for 2016-2017**

Student Age Group	Required Vaccines
Ages 2 through 5 years enrolled in a school based program not licensed as a child care provider	4 doses of DTaP, DTP, or DT vaccine, 3 doses of Polio vaccine, 3 doses of Hib vaccine or 1 dose of Hib given at or after 15 months of age, *Hib not required after child reaches 5 yrs of age 3 doses of pediatric Hepatitis B vaccine, 1 dose of MMR or MMRV given on or after 12 months of age, 1 dose of varicella (chickenpox) or MMRV given on or after 12 months of age. written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted. 4 doses of pneumococcal or 1 dose of pneumococcal given on or after 15 months of age. *Pneumococcal not required after child reaches 5 yrs of age