

PRESCHOOL IMMUNIZATION INFORMATION FOR PARENTS

Dear Parent:

The State of Nebraska requires immunization information to be recorded for all children in school, including preschool and prekindergarten. Please submit a copy of your child's immunization record to school by the first day of school. The form below may be used or a copy from the provider's office will be accepted as well. Thank you for your cooperation.

Child's Name: _____

Date of Birth: _____

Family Physician: _____

Give MONTH, DAY, and YEAR of each immunization (or can provide record from provider)

DTaP (Diphtheria-Tetanus-Pertussis)						
IPV (Polio)						
MMR						
Hib						
Hepatitis B						
Varicella (Chickenpox)						
Pneumococcal (Pevnar)						

Signature: _____

Date: _____

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

<p>Ages 2 through 5 years enrolled in a school-based program, not licensed as a child care provider.</p>	<p>4 doses of DTaP, DTP, or DT vaccine,</p> <p>3 doses of Polio vaccine,</p> <p>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 years of age.</p> <p>3 doses of pediatric Hepatitis B vaccine,</p> <p>1 dose of MMR or MMRV given on or after 12 months of age,</p> <p>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 healthcare provider will be accepted.</p> <p>4 doses of Pneumococcal or 1 dose of Pneumococcal given on or after 15 months of age. *Pneumococcal not required after child reaches 5 years of age.</p>
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