



IDAHO CONDITIONAL ATTENDANCE TO CHILDCARE

Schedule of Intended Immunizations Form

The Schedule of Intended Immunizations Form is required by IDAPA 16.02.11 to document the intended immunization schedule of a child who has not received all required immunizations according to the age-deadlines for childcare admission. To be eligible for conditional attendance, a child must have received at least one dose of each required vaccine and currently be on schedule for subsequent immunizations following the intervals on the back of this page.

SECTION 1: This section is to be filled out by childcare official. Sections 1 and 2 must be completed for this form to be valid.

A. NAME OF CHILD: _____ **DATE OF BIRTH:** _____ / _____ / _____
Last First Middle Month/Day/Year

B. VACCINES NEEDED: Circle the dose number(s) of the OVERDUE required vaccine(s) below.

Age-Deadline to Obtain Required Doses	REQUIRED IMMUNIZATIONS FOR CHILDCARE ATTENDANCE									
	<small>All doses must meet the minimum ages and intervals (Number of doses of Hib and Rotavirus required depends on vaccine brand type.)</small>									
	DTaP ¹	Polio ²	MMR	Haemophilus influenzae type b (Hib) ³		Hepatitis B	Varicella	Hepatitis A	Pneumo-coccal ⁴	Rotavirus ⁵
			Act- Hib	Pedvax Hib					Rotarix (RV1)	RotaTeq (RV5)
3 months	1	1		1	1	1			1	1
5 months	2	2		2	2	2			2	2
7 months	3			3				3		3
16 months			1	4	3		1	1	4	
19 months	4	3				3				
2 years								2		
7 years (or school entry)	5	4	2				2			

1. DTaP: The 5th dose is not necessary if the 4th dose was administered at age 4 years or older.
2. Polio: The 4th dose is not necessary if the 3th dose was administered at age 4 years or older **and** at least 6 months after previous dose.
3. Hib: Generally not recommended for children aged 5 years or older.
4. Pneumococcal: Generally not recommended for children aged 5 years or older. Children aged 14 through 59 months who received a completed 4-dose or other age-appropriate series of PCV7, must also receive a supplemental dose of PCV13.
5. Rotavirus: Vaccination should not be initiated for infants aged 15 weeks 0 days or older. The maximum age for the final dose is 8 months 0 days.

C. VACCINE CATCH-UP SCHEDULE: Overdue vaccines must be received as quickly as possible following the schedule on the back of this page. Enter the date of the LAST dose(s) received and the due date of the NEXT dose(s) below for each OVERDUE required vaccine.

Check box(es) of MISSING required vaccines	Enter date of LAST dose received (mm/dd/yyyy)	Enter due date of NEXT dose(s) (mm/dd/yyyy)
<input type="checkbox"/> Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT, Td)		
<input type="checkbox"/> Polio		
<input type="checkbox"/> Measles, Mumps, Rubella (MMR)		
<input type="checkbox"/> Hepatitis B		
<input type="checkbox"/> Haemophilus influenzae type b (Hib)		
<input type="checkbox"/> Varicella		
<input type="checkbox"/> Hepatitis A		
<input type="checkbox"/> Pneumococcal		
<input type="checkbox"/> Rotavirus		

As the _____ (title) at _____ (name of facility), I certify the child named above has record of receiving at least one dose of each required vaccine and as such is legally eligible for conditional attendance. I will review the immunization status of this child until all requirements are met. This conditional attendance form expires on: _____ / _____ / _____ (two weeks after latest due date above).

 Name of Childcare Facility Operator (PRINT) Signature of Childcare Facility Operator Date

SECTION 2: This section is to be signed by parent/guardian.

As the parent/guardian of _____, I understand that my child is allowed to attend childcare on a conditional basis and I agree to have my child vaccinated as required, meeting the deadlines stated above. I also understand that it is my responsibility to provide the childcare facility operator with proof of the vaccines above and that failure to do so will result in exclusion of my child from childcare. I acknowledge that I have read this document in its entirety and I fully understand it.

Name of Parent/Guardian (PRINT)

Signature of Parent/Guardian

_____/_____/_____
Date

Home Phone Number

Cell Phone Number

ABBREVIATED CATCH-UP IMMUNIZATION SCHEDULE FOR THOSE WHO START LATE OR FALL BEHIND
(for full version, please visit www.immunizeidaho.com)

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
DTaP	6 weeks	4 weeks	4 weeks	6 months	6 months ¹
Polio	6 weeks	4 weeks	4 weeks	6 months ²	
MMR	12 months	4 weeks			
Hepatitis B	Birth	4 weeks	8 weeks ³		
Rotavirus ⁴	6 weeks	4 weeks	4 weeks		
Varicella	12 months	3 months if person is younger than age 13 yrs 4 weeks if person is age 13 yrs or older			
Hepatitis A	12 months	6 months			
Hib	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12-14 months No further doses needed if first dose administered at age 15 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose) if current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months though 59 months who received 3 doses before age 12 months	
Pneumococcal ⁵	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if first dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months though 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age	

- DTaP: The 5th dose is not necessary if the 4th dose was administered at age 4 years or older.
- Polio: The 4th dose is not necessary if the 3rd dose was administered at age 4 years or older **and** at least 6 months following previous dose.
- Hep B: Minimum age for the 3rd dose is 24 weeks **and** at least 16 weeks after first dose.
- Rotavirus: The maximum age for the first dose is 14 weeks 6 days. Vaccination should not be initiated for infants aged 15 weeks 0 days or older. The maximum age for the final dose in the in the series is 8 months 0 days. If Rotarix was administered for the first and second doses, a third dose is not indicated.
- Pneumococcal: Children aged 14 through 59 months who received a completed 4-dose or other age-appropriate series of PCV7, must also receive a supplemental dose of PCV13.