



LINCOLN PARKS & RECREATION DEPARTMENT
2740 "A" Street Lincoln, NE 68502
402-441-7847 fax: 402-441-8706 lincoln.ne.gov

CALVERT RECREATION CENTER LITTLE SPROUTS PRESCHOOL

Immunization Record

Dear Preschool Family:

Calvert Recreation Center is required to report every preschool student's immunization status to the Nebraska Department of Health and Human Services (DHHS) annually. State regulations require a copy of your child's most current immunization record be on file in the recreation center office and available for review by DHHS throughout the year.

Please submit ONE of the following documents to verify immunization status by your child's start date:

- Documentation of age-appropriate immunization;
- Certification by a physician, advanced practice registered nurse, or physician assistant that immunization is not appropriate for a stated medical reason; or
- A written statement that the parent or guardian does not wish to have the child immunized and the reasons for that decision.

You may use the form on the back of this page—or *any other suitable document detailed above*—to provide Calvert Recreation Center with your child's immunization record.

Thank you for your understanding and cooperation. If you have any questions about this request, please contact me at 402-441-8480 or dpayzant@lincoln.ne.gov.

Sincerely,

Dan Payzant
Calvert Recreation Center



Please return this form (or similar) by your child's start date.



IMMUNIZATION CERTIFICATE

LOCATION: CALVERT RECREATION CENTER

(Please fill out one form for each child.)

CHILD'S FIRST AND LAST NAME: _____

VACCINE	TYPE OF VACCINE	Dose	Normal Schedule	Date Given			DOCTOR OR CLINIC ADMINISTERING
				Mo.	Day	Yr.	
Polio OPV or IPV		1	2 mo.				
		2	4 mo.				
		3	6-18 mo.				
		4	4-6 yrs.				
DTP/DT/DTaP Diphtheria Tetanus Pertussis		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	15-18 mo.				
		5	4-6 yrs.				
Tdap		1	11-18 yrs.				
Td/Tetanus and Diphtheria							
Hib Haemophilus influenzae b		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	12-15 mo.				
M-M-R		1	12-15 mo.				
		2					
Hepatitis A		1					
		2					
Hepatitis B		1					
		2					
		3					
Varicella Chickenpox date of disease		1	12-18 mo.				
		2					
Meningococcal Conjugate		1					
PCV Pneumococcal Conjugate		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	12-15 mo.				
Rotavirus		1	2 mo.				
		2	4 mo.				
		3	6 mo.				

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian or Physician

Date