

# Are Your Kids Ready?

## Child Care and Early Childhood Programs Immunization Law

Children are required to receive immunizations before enrolling in child care and early childhood programs in Minnesota or submit an exemption. This requirement applies to all licensed child care centers, family child cares, certified license exempt child cares, and early childhood programs such as preschool, school readiness plus, voluntary prekindergarten, and early childhood special education. Look for your child's age group in the chart below and see how many total doses of each vaccine are needed for their age.

| Required Immunizations                    | 3-4 months | 5-6 months | 7-15 months | 16-23 months | 24 months to kindergarten |
|---|------------|------------|-------------|--------------|---------------------------|
| Hepatitis B (Hep B)                       | 2 Doses    | 2 Doses    | 3 Doses     | 3 Doses      | 3 Doses                   |
| Diphtheria, tetanus, and pertussis (DTaP) | 1 Dose     | 2 Doses    | 3 Doses     | 3 Doses      | 4 Doses                   |
| Polio (IPV)                               | 1 Dose     | 2 Doses    | 2 Doses     | 2 Doses      | 3 Doses                   |
| Pneumococcal (PCV)                        | 1 Dose     | 2 Doses    | 3 Doses     | 3 Doses      |                           |
| Haemophilus influenzae type b (Hib)       | 1 Dose     | 1 Dose     | 1 Dose      | 1 Dose       | 1 Dose                    |
| Measles, mumps, rubella (MMR)             |            |            |             | 1 Dose       | 1 Dose                    |
| Varicella (chickenpox)                    |            |            |             | 1 Dose       | 1 Dose                    |
| Hepatitis A (Hep A)                       |            |            |             |              | 1 Dose                    |

**Note:** The number of doses may be different if your child is behind schedule. If your child has fallen behind on their vaccinations it is not too late to catch-up, talk to their health care provider.

## Recommended but not required for child care or early childhood programs

Influenza (flu), COVID-19, respiratory syncytial virus (RSV), rotavirus and other vaccines are recommended for children to ensure they are fully protected. Talk to your health care provider about when your child should receive these immunizations.

## Tips for parents and guardians

- Make sure your child has received all of the required immunizations before their first day of child care/early childhood program or submit an exemption.
- Submit a copy of your child's immunization record to their child care, early childhood program, or school. You can get a copy of their record from the clinic or find their record on [Find My Immunization Record \(www.health.state.mn.us/people/immunize/miic/records.html\)](http://www.health.state.mn.us/people/immunize/miic/records.html).
- Please complete the reverse side if your child requires an exemption for medical reasons or if you are opting for a non-medical exemption due to personal beliefs.



[Vaccines for Infants, Children, and Adolescents \(www.health.state.mn.us/people/immunize/basics/kids.html\)](http://www.health.state.mn.us/people/immunize/basics/kids.html)

# Medical and non-medical exemptions

## Instructions for documenting medical or non-medical exemptions and history of chickenpox (varicella)

- Follow steps 1 and 2 below to document a medical exemption, non-medical exemption, or history of chickenpox.
- Place an X in the box to indicate a medical or non-medical exemption. If you are exempting your child from more than one vaccine, mark each vaccine you are exempting them from with an X.
  - Obtain signatures for exemptions or history of chickenpox disease.

| Required Immunizations                    | Medical | Non-Medical |
|---|---------|-------------|
| Hepatitis B (Hep B)                       |         |             |
| Diphtheria, tetanus, and pertussis (DTaP) |         |             |
| Polio (IPV)                               |         |             |
| Pneumococcal (PCV)                        |         |             |
| Haemophilus influenzae type b (Hib)       |         |             |
| Measles, mumps, rubella (MMR)             |         |             |
| Varicella (Chickenpox)                    |         |             |
| Hepatitis A (Hep A)                       |         |             |

**Medical exemption:** A health care provider must review and sign a medical exemption. A health care provider includes a licensed physician, nurse practitioner, or physician assistant. By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: \_\_\_\_\_  
(of health care practitioner)

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

**Non-medical exemption:** A parent/guardian must sign for a non-medical exemption and the form must be signed and stamped by a notary. A child is not required to have an immunization that is against their parent or guardian's beliefs. Choosing not to vaccinate may put the health of your child or others they are around at risk. Unvaccinated children who are exposed to a vaccine preventable disease may be required to stay home from school and other activities for up to 21 days to protect themselves and others. By my signature I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs and I understand that they may be required to remain out of school and other activities for up to 21 days if exposed to a vaccine preventable disease.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent/guardian)

Non-medical exemptions must also be signed and stamped by a notary:

This document was acknowledged before me on \_\_\_\_\_ (date),  
by \_\_\_\_\_  
(name of parent or guardian)

Notary Stamp



Notary Signature: \_\_\_\_\_ State of \_\_\_\_\_  
County of \_\_\_\_\_

**History of chickenpox (varicella) disease:** If a child has previously had chickenpox, they are not required to receive the varicella vaccine. A health provider must sign this form if the disease happened after Sept. 1, 2010. If the child had chickenpox before Sept. 1, 2010, a parent or guardian may sign this form. My signature below means that I confirm this child does not need the varicella vaccine because they had chickenpox in the month and year \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner, representative of a public clinic, or parent/ guardian)