

IMMUNIZATION RECORD

Case Name	Case No.
Child's Name	Child's Date of Birth

Enter the dates of the child's immunization visits:

IF THE CHILD IS AT LEAST	BUT YOUNGER THAN	THE CHILD MUST HAVE HAD AT LEAST	DATE OF VISIT/MMR	ASSIGN GOOD CAUSE CODE 1 if the child had at least one immunization visit in the last
3 Months	4 Months	1 Immunization Visit		N/A
4 Months	6 Months	2 Immunization Visits		2 Months
6 Months	18 Months	3 Immunization Visits		2 Months
18 Months	5 Years	3 Immunization Visits— One of which includes a Measles, Mumps, and Rubella Vaccination on or after the child's 1st birthday.		2 Months
5 Years	6 Years	4 Immunization Visits— with one of the visits including a Measles, Mumps, and Rubella Vaccination on or after the child's 1st birthday, and no earlier than the calendar month prior to the month of the child's 4th birthday.		2 Months
14 Years	16 Years	5 Immunization Visits		2 Months

Comments: _____

Good Cause Claimed Alternate Medical Religious

Document Evidence of Good Cause:

Signature – Worker _____
Date