

Reviewed for compliance by:

Staff Signature

Date: _____ Exemption: Yes No

(see back)

Nebraska Department of Education
CERTIFICATE OF IMMUNIZATION STATUS

NEBRASKA State Law 79-444 requires that all children have a completed Certificate of Immunization Status on file at the school, preschool or a child care facility that they attend. A chart showing which vaccines should be given and when, is printed on the other side of this form. PLEASE ENTER RESPONSES IN ENGLISH LANGUAGE.

Child's Last Name	First Name	Middle Name	Sex M <input type="checkbox"/>	Birthdate
			F <input type="checkbox"/>	month day year
Parent/Guardian Name		Daytime Phone		

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
DTaP/DTP/DT/Td Diphtheria, Tetanus, Pertussis		1			
		2			
		3			
		4			
		5			
POLIO OPV by mouth, IPV by injection		1			
		2			
		3			
		4			
HIB Haemophilus Influenzae Type B		1			
		2			
		3			
		4			

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
MMR Measles (Rubeola), Mumps & Rubella	MMR	1			
	MMR	2			
	MMR				
	MEASLES				
	MUMPS				
	RUBELLA				
HEP B (HBV) Hepatitis B		1			
		2			
		3			
OTHER VACCINES					

I certify that the information provided here is correct and verifiable.

X _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN