“F” STREET COMMUNITY CENTER

Immunization Records

Dear Participant Family:

Nebraska Department of Health and Human Services (DHHS) regulations include a new immunization record requirement effective May 20, 2013. In order to be in compliance, a copy of your child’s most current immunization record must be on file in the rec. center office and available for review by DHHS.

Please submit ONE of the following documents to verify immunization status:

- 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.

Records may be faxed to “F” Street Community Center at 402-441-7950.

You may use the form on the back of this page—*or any other suitable document detailed above*—to provide “F” Street Community 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 402-441-7951 or dkasparek@lincoln.ne.gov.

Sincerely,

Doug Kasparek
Center Director
“F” Street Community Center
1225 “F” Street
Lincoln, NE 68508
dkasparek@lincoln.ne.gov

Lincoln Parks & Recreation
fundamental

Department of Health & Human Services
DHHS
NEBRASKA

Nebraska Department of Health and Human Services

IMMUNIZATION RECORD

Child(s) Name:

Birthdate(s): | Enrollment Date:

REQUIRED IMMUNIZATIONS

Vaccine	Type of Vaccine	Dose	Normal Schedule	Date Given Mo	Day	Yr	Doctor or Clinic Administering
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:_____ Date:_____

I do not wish to have (child's name)_____immunized. The reason for the decision is:

_____

Signature of Parent/Guardian:_____ Date:_____