

Immunization Records for Children in Your Home

As a child-placing agency we are not permitted to retain immunization records for children in a foster home who are not in foster care (in other words, adopted or biological children). Therefore, we will need from you (now and when this form expires) your child's medical provider to complete the following:

Child's Name: _____ Child's DOB: _____

I have reviewed the immunization records for the above-named child and attest to ONE of the following:

The child **is current** on immunizations consistent with the recommendations of the American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practices of the CDC (ACIP) and the American Academy of Family Physicians (AAFP) as of today, _____ (date).

This child **is not fully current** on immunizations consistent with the AAP, the ACIP and AAFP because the following vaccines are contraindicated for health reasons: _____

This child's most recent pertussis vaccine was administered on: _____ (date)

This child's most recent flu vaccine was administered on: _____ (date)

This child will be due for immunizations on _____ (date)*

Provider signature: _____

Provider name (please print): _____

Provider phone: _____ Date: _____

*A new version of this form will need to be completed when updated immunizations are provided