

Instructions on Completing The Immunization Assessment Report for Child Care Centers*, Preschools and Head Start Programs

All child care center operators must submit this report (EPI 12A) on the immunization status of enrolled children who have not received all of the required immunizations. **It is the responsibility of the schools to follow up on students who do not comply with the school health law** (*Included in the category of child care centers are: day care centers, day nurseries, and group child care homes).

1. Section #1:

Fill in all information requested in this section including the name of the facility, address, who prepared the report along with their title and phone number, fax number, the date of the report, and number of children enrolled at the facility.

2. Section #2:

- a. If all children meet the immunization requirements, check “**Yes**” in section #2 and mail this form to the address listed below. If there are ANY children missing one or more of the immunizations, check “**No**” in section #2, and complete section #3.
- b. Children are not in compliance with the Hawaii School Immunization Laws if they:
 - Lack one or more of the required immunizations and do NOT have a religious or medical exemption;
 - Have no immunization record on file.

REQUIRED VACCINES / MINIMUM ACCEPTABLE TIME INTERVALS BETWEEN VACCINE DOSES

Vaccine	Doses required by this Age					Minimum Time Interval
	3 Months	5 Months	7 Months	16 Months	19 Months	
Diphtheria, Tetanus, Pertussis (DTaP or DTP)	1	2	3	3	4	1 st dose: Not before age 6 weeks 2 nd dose: 4 weeks after first dose 3 rd dose: 4 weeks after second dose 4 th dose: 6 months after 3 rd dose AND not before age 12 months
Polio (IPV, OPV or any combination)	1	2	2	2	3	1 st dose: Not before age 6 weeks 2 nd dose: 4 weeks after first dose 3 rd dose: 4 weeks after second dose
Measles, Mumps, Rubella (MMR)				1	1	1 st dose: Not before age 12 months
<i>Haemophilus influenzae</i> Type b (Hib)	Hib	Hib	Hib	Hib	Hib	More than one dose of Hib is routinely recommended for children less than 15 months of age. Children are required to have at least ONE dose of Hib on or after 12 months of age
Hepatitis B	1	2	2	2	3	1 st dose: Birth 2 nd dose: 4 weeks after first dose 3 rd dose: 8 weeks after 2 nd dose AND 4 months after 1 st dose but not before age 6 months
Varicella (chickenpox)					1*	1 st dose: Not before age 12 months *A documented history of varicella signed by a U.S. licensed MD, DO, APRN, or PA, may be substituted for this vaccine requirement.

Vaccine abbreviations: DTaP=Diphtheria-Tetanus-acellular Pertussis; DTP Diphtheria-Tetanus-Pertussis; OPV=Oral Polio Vaccine; IPV=Inactivated Polio Vaccine

3. Section #3:

- a. List the names of the children who have no immunization record, are missing an immunization, or have a medical or religious exemption. Enter the date of birth, age and the date that they have entered your facility.
- b. Mark “**X**” in the “No Immunization Record” column if a child has no immunization record.
- c. If a parent has provided the facility with a signed religious exemption, mark “**X**” in the “RELIGIOUS” column under “EXEMPT”.
- d. If a parent provides the facility with a medical exemption signed by a U.S. licensed physician, mark “**X**” in the “MEDICAL” column under “EXEMPT”. In addition, mark “**M**” in the column of the vaccine dose to indicate the exempt vaccine.
- e. For each student missing an immunization, mark “**X**” in the column of the vaccine dose(s) to indicate the missing vaccine(s).

4. After the Director of the facility signs this form, fax or mail this form to:

STATE OF HAWAII DEPARTMENT OF HEALTH
IMMUNIZATION PROGRAM
P. O. BOX 3378
Honolulu, HI 96801
FAX: (808) 586-7511. Phone: (808) 586-8300

Please send the first report no later than October 10th and the second report no later than January 10th.

If you need assistance in completing this form, contact the Hawaii Immunization Program, Epidemiology and Surveillance Section at (808) 586-8300.