

CDC/SGH# or name: \_\_\_\_\_

Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card

Child's Name:

Date Enrolled:

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the controlled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s)	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

Is child allergic to food or other substances?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, describe symptoms, name foods or substances to be avoided		