

Nevada Division of Public and Behavioral Health 2025-2026 Annual Child Care Facility and Accommodation Facility Immunization Reporting Instruction Packet



Table of Contents

| | |
|--|----|
| Introduction | 3 |
| Ages Reported | 3 |
| Access to Rate Reporting Surveys..... | 4 |
| Getting Started..... | 4 |
| General Information | 5 |
| Collecting Data..... | 7 |
| Children Enrolled in a Child Care Facility (SEE APPENDIX D: CHILDCARE FACILITY QUESTIONS)..... | 7 |
| Children Enrolled in an Accommodation Facility (See APPENDIX E: ACCOMMODATION FACILITY QUESTIONS)..... | 8 |
| APPENDIX A: VACCINE ABBREVIATIONS..... | 10 |
| APPENDIX B: IMMUNIZATION REQUIREMENTS RESOURCES..... | 11 |
| APPENDIX C: SAMPLE IMMUNIZATION RECORD..... | 13 |
| APPENDIX D: CHILD CARE FACILITY QUESTIONS..... | 14 |
| APPENDIX E: ACCOMMODATION FACILITY QUESTIONS | 17 |
| APPENDIX F: CHILD CARE FACILITY TALLY SHEET..... | 18 |
| APPENDIX G: ACCOMMODATION FACILITY TALLY SHEET..... | 19 |
| APPENDIX H: IMMUNIZATION REQUIREMENTS RESOURCES | 20 |

Introduction

This instruction packet has been developed to help you with completing the immunization reporting survey.

- Accommodations: facilities that have a primary business open to the public that provide child care to customers, where customers are required to remain on the premises for up to three hours.
- Visit, https://dpbh.nv.gov/Programs/Immunization/School_and_Child_Care/School_and_Child_Care_Immunizations/, for the 2024 Child Care and Accommodation Facility Immunization Reporting Frequently Asked Questions (FAQs).
- See Nevada's current immunization requirements at https://dpbh.nv.gov/Programs/SIP/dta/School_Requirements/School_Requirements/.

Ages Reported

For all Child Care facility questions, include all current enrolled children:

- 1 year of age
- 18 months through 3 years of age
- 4 years of age

For all accommodation facility questions, include all current enrolled children in your facility.

- Per the Nevada Revised Statutes [NRS 432A.230](#), each Child Care facility is required to report to the Division of Public and Behavioral Health the exact number of children who have completed the immunizations required for enrollment by December 31st of each year.
- Per the Nevada Revised Statutes [NRS 432A.235](#), each accommodation facility is required to report to the Division of Public and Behavioral Health the exact number of children who have completed the immunizations required for enrollment by December 31st of each year.
- If you are a Child Care facility, please include information on pre-school or pre-K students in the responses.
- Please review and validate the online information prior to submitting your facility's immunization information.
- Please fill out all required sections. Do not leave any sections blank.
- You will not be able to complete the survey unless entry is made in all fields.

- If your Child Care facility information is incorrect, you will be contacted by the Nevada State Immunization Program.
- If you do not submit your immunization information by December 31st, you will be contacted by the Nevada State Immunization Program

Access to Rate Reporting Surveys

To access the annual immunization reporting survey online:

- Go to https://dpbh.nv.gov/Programs/Immunization/School_and_Child_Care/School_and_Child_Care_Immunizations/
- Scroll down to the middle of the page and click on “Child Care Facility Survey” or “Accommodation Facility Survey.”
- Reports must be entered online by December 31st of the reporting year.
- See the following instructions for Child Care facility and accommodation facility immunization reporting submission.

Getting Started

- Collect immunization records for all children enrolled in your facility
 - If you are in a Child Care facility:
 - 1 year of age
 - 18 months through 3 years of age
 - 4 years of age
- See [APPENDIX B: IMMUNIZATION REQUIREMENTS RESOURCES](#) for Nevada immunization requirements and resources.
- Each facility will submit the total counts rather than immunization percentages.
- Facilities with multiple campuses must submit each facility separately. For example, Sunshine Facility has three locations and will submit immunization information separately for the Happy Location, the Smile Location, and the Bright Location.
- Once you access the survey link, you will be redirected to a separate page.
- Fill out all required sections. Do not leave any sections blank.
- You will not be able to complete the survey unless entry is made in all fields.

General Information

- Enter in all general information (Examples of the facility surveys are below:
Nevada Child Care Facility Immunization Rate Reporting Survey



Please complete the survey below.

Thank you!

| | |
|--|--|
| First name * must provide value | <input type="text"/> |
| Last name * must provide value | <input type="text"/> |
| Job title * must provide value | <input type="text"/> |
| Phone number * must provide value | <input type="text"/> Please enter phone number without parentheses or dashes. |
| Email address * must provide value | <input type="text"/> |
| Please select your child care facility in the drop down list. Please note, the child cares are separated by county. * must provide value | <input type="text"/> If your child care facility is not listed, please select other and enter your facility name. |
| Child care facility name * must provide value | <input type="text"/> If your child care facility is not listed, please select other and enter your facility name. |
| Child care facility's physical address * must provide value | <input type="text"/> |
| City * must provide value | <input type="text"/> |
| Zip Code * must provide value | <input type="text"/> |
| County * must provide value | <input type="text"/> |

Nevada Accommodation Facility Immunization Rate Reporting Survey



Please complete the survey below.

Thank you!

| | |
|---|--|
| First name * must provide value | <input type="text"/> |
| Last name * must provide value | <input type="text"/> |
| Job title * must provide value | <input type="text"/> |
| Phone Number * must provide value | <input type="text"/> <small>Please enter phone number without parentheses or dashes.</small> |
| Email address * must provide value | <input type="text"/> |
| Accommodation facility name * must provide value | <input type="text"/> <small>If your accommodation facility is not listed, please select other and enter your facility name.</small> |
| Accommodation facility's physical address * must provide value | <input type="text"/> |
| City * must provide value | <input type="text"/> |
| Zip code * must provide value | <input type="text"/> |
| County * must provide value | <input type="text"/> |

Collecting Data

- Please collect immunization records for students enrolled in your facility to complete the survey. (SEE [APPENDIX C: SAMPLE IMMUNIZATION RECORD](#) for an example of an immunization record)
- Please answer questions for only the following age required vaccines: DTaP, Hepatitis A, Hepatitis B, Hib, MMR, PCV(15/20), Polio and Varicella.
- Use either the accommodation facility tally sheet or the Child Care facility tally sheet and immunization resources to help in evaluating the immunization status of your establishment. (SEE [APPENDIX B: IMMUNIZATION REQUIREMENTS RESOURCES](#), [APPENDIX F: CHILD CARE FACILITY TALLY SHEET](#) and [APPENDIX G: ACCOMMODATION FACILITY TALLY SHEET](#))
- Do not submit tally sheet(s) to the Nevada State Immunization Program.

Children Enrolled in a Child Care Facility (SEE [APPENDIX D: CHILDCARE FACILITY QUESTIONS](#))

- (Question 1, 1a, 1b, 1c, 1d)
 - Total enrollment: the total number of children in your facility.
 - Age-specific enrollment numbers
- (Questions 2 - 14)
 - Total number up-to-date (UTD): Number of children in specific age groups with "x" amount of doses of each vaccine required for that age group. Do not count medical exemptions, religious exemptions, and conditional enrollment as UTD. UTD is defined as receiving all required vaccines at the youngest recommended age per the recommendation of the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) [Immunization Schedule](#).
 - UTD is *not* the same as compliant. Compliance means timely administration according to recommended schedules to achieve the best protection. This can refer to an individual getting their vaccines on time, a provider following program rules for administration, or a country implementing mandates for school or other purposes.
- (Question 15)
 - Total number medically exempt: the parent/guardian has provided a Nevada Division of Public and Behavioral Health State Medical Immunization Exemption Certificate signed by a licensed physician (MD or DO) or an Advanced Practice

Registered Nurse (APRN) stating that the medical condition of the student will not permit the student to be immunized.

- (Question 15a - 15h)
 - Medical exemptions by vaccine: count the number of children who have medical exemptions for each of the vaccines listed on the survey.
- (Question 16)
 - Total number religiously exempt: a Nevada Division of Public and Behavioral Health State Religious Immunization Exemption Certificate was provided by the parent/guardian who prohibits the immunization of the student due to religious beliefs.
- (Question 16a)
 - Religious exemptions by vaccine: count the number of children who have religious exemptions for each of the vaccines listed on the survey.
- (Question 17)
 - Total number conditionally enrolled: the child does not have required immunizations due to the minimum age requirements and/or dose intervals and is in the process of completing the series of shots.

Children Enrolled in an Accommodation Facility (See [APPENDIX E: ACCOMMODATION FACILITY QUESTIONS](#))

- (Question 1)
 - Total enrollment: the total number of children in your facility.
- (Question 2)
 - Total number up to date (UTD): the child has all required immunizations for their age. Do not count medical exemptions, religious exemptions, and conditional enrollment as UTD. UTD is defined as receiving all required vaccines at the youngest recommended age per the recommendation of the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) [Immunization Schedule](#).
 - UTD is *not* the same as compliant. Compliance means timely administration according to recommended schedules to achieve the best protection. This can refer to an individual getting their vaccines on time, a provider following program rules for administration, or a country implementing mandates for school or other purposes.

-
- (Question 3)
 - Total number medically exempt: the parent/guardian has provided a Nevada Division of Public and Behavioral Health State Medical Immunization Exemption Certificate signed by a licensed physician (MD or DO) or an Advanced Practice Registered Nurse (APRN) stating that the medical condition of the student will not permit the student to be immunized.
- (Question 4)
 - Total number religiously exempt: a Nevada Division of Public and Behavioral Health State Religious Immunization Exemption Certificate was provided by the parent/guardian who prohibits the immunization of the student due to religious beliefs. •

APPENDIX A: VACCINE ABBREVIATIONS

| | |
|----------------|--|
| DTaP | Diphtheria, Tetanus, and Acellular Pertussis |
| Hep A/HAV | Hepatitis A |
| Hep B/HBV | Hepatitis B |
| IPV | Inactivated Polio |
| MenACWY/MCV4 | Meningococcal |
| MMR | Measles, Mumps, and Rubella |
| MMRV | Measles, Mumps, Rubella, and Varicella (Chickenpox) |
| PCV15 or PCV20 | Pneumococcal conjugate 15/20 |
| Tdap | Tetanus, Diphtheria, and Acellular Pertussis |
| VAR/CPOX | Varicella (Chickenpox) |

APPENDIX B: IMMUNIZATION REQUIREMENTS RESOURCES

As of the [2019-2020 school year](#), it is necessary for children being admitted to early education programs, preschool, and kindergarten in Nevada to receive all required vaccines at the youngest recommended age per the recommendation of the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) [Immunization Schedule](#). For example, the 5th dose of DTaP is recommended between 4 and 6 years of age. The 5th dose of DTaP vaccine is required at 4 years of age if the child is enrolled in a school in Nevada.

If a child turns an age that meets the youngest recommended age to receive the required vaccines (i.e., DTaP at 4 years old), after enrollment, Child Care, and/or accommodation facility entry, the child has *30 days* to complete the required immunizations pursuant to Nevada Revised Statutes [\(NRS\) 432A.230](#) and [NRS 432A.235](#).

Resources for Immunization Requirements

Immunization requirements resources are available to provide equitable access to vaccinations:

- Connect with local health care providers, pharmacies, community/public health nurses, Federally Qualified Health Centers, or county health districts for access to vaccines or <https://www.vaccines.gov/> for vaccine availability.
- <https://www.dpbh.nv.gov/programs/immunizations/school-requirements/> for Nevada school/child care facility immunizations resources and links to Technical Bulletins.
- https://dpbh.nv.gov/Resources/Technical_Bulletins-New/ for all technical bulletins released.

Exemptions As of July 2021, medical and religious immunization exemptions must be submitted on a standardized Nevada Division of Public and Behavioral Health form (see the [Immunization Exemption Requirement Technical Bulletin](#)). Children may be exempt from immunization requirements for the following reasons:

Medical Exemption: Requires a Nevada Division of Public and Behavioral Health State Medical Immunization Exemption Certificate signed by a licensed physician (MD or DO) or an Advanced Practice Registered Nurse (APRN) stating that the medical condition of the student will not permit the student to be immunized.

Religious Exemption: Requires a Nevada Division of Public and Behavioral Health State Religious Immunization Exemption Certificate signed by the parent or guardian who prohibits the immunization of the child due to religious beliefs. The standardized immunization exemption forms and resources can be found at:

<https://www.dpbh.nv.gov/programs/immunizations/school-requirements/>

Exclusion: Per [NRS 432A.230](#) and [432A.235](#), unless excused because of a religious belief or medical condition, a child must be up-to-date, or the child may not be admitted to any Child Care and/or accommodation facility within Nevada.

APPENDIX C: SAMPLE IMMUNIZATION RECORD

| DTaP/Td/Tdap | | | |
|------------------|---------------------|------------|----------|
| 1 | DTaP | 12/1/2011 | 0Y 2M 5D |
| 2 | DTaP-Hep B-IPV | 2/3/2012 | 0Y 4M 8D |
| 3 | DTaP-Hep B-IPV | 3/29/2012 | 0Y 6M 3D |
| 4 | DTaP | 12/28/2012 | 1Y 3M 2D |
| 5 | DTaP-IPV | 10/2/2015 | 4Y 0M 6D |
| Polio | | | |
| 1 | IPV | 12/1/2011 | 0Y 2M 5D |
| 2 | DTaP-Hep B-IPV | 2/3/2012 | 0Y 4M 8D |
| 3 | DTaP-Hep B-IPV | 3/29/2012 | 0Y 6M 3D |
| 4 | DTaP-IPV | 10/2/2015 | 4Y 0M 6D |
| MMR/Measles | | | |
| 1 | MMR | 9/28/2012 | 1Y 0M 2D |
| 2 | MMR | 10/2/2015 | 4Y 0M 6D |
| Hib | | | |
| 1 | Hib | 12/1/2011 | 0Y 2M 5D |
| 2 | Hib | 2/3/2012 | 0Y 4M 8D |
| 3 | Hib | 12/28/2012 | 1Y 3M 2D |
| HEPB | | | |
| 1 | Hep B, ped/adol | 12/1/2011 | 0Y 2M 5D |
| 2 | DTaP-Hep B-IPV | 2/3/2012 | 0Y 4M 8D |
| 3 | DTaP-Hep B-IPV | 3/29/2012 | 0Y 6M 3D |
| | | | |
| HEPA | | | |
| 1 | Hep A, ped/adol | 9/28/2012 | 1Y 0M 2D |
| 2 | Hep A, ped/adol | 3/29/2013 | 1Y 6M 3D |
| Pneumococcal | | | |
| 1 | PCV-13 (Prevnar 13) | 12/1/2011 | 0Y 2M 5D |
| 2 | PCV-13 (Prevnar 13) | 2/3/2012 | 0Y 4M 8D |
| 3 | PCV-13 (Prevnar 13) | 3/29/2012 | 0Y 6M 3D |
| 4 | PCV-13 (Prevnar 13) | 12/28/2012 | 1Y 3M 2D |
| ROTA | | | |
| 1 | Rotavirus (Rotarix) | 12/2/2011 | 0Y 2M 5D |
| 2 | Rotavirus (Rotarix) | 2/3/2012 | 0Y 4M 8D |
| Varicella (CPOX) | | | |
| 1 | CPOX (Varicella) | 9/28/2012 | 1Y 0M 2D |
| 2 | CPOX (Varicella) | 10/2/2015 | 4Y 0M 6D |
| | | | |

APPENDIX D: CHILD CARE FACILITY QUESTIONS

Child Care Facility

Note: This survey is to capture data as of September 1, 2023 so please report numbers within this specific timeframe.

| | |
|---|---|
| <p>(1) As of September 1st, how many children are enrolled in your child care facility in total?</p> <p>* must provide value</p> | <input type="text"/> Total # of children enrolled in child care |
| <p>(1a) As of September 1st, how many children between 6 and 12 months are enrolled in your child care facility?</p> <p>* must provide value</p> | <input type="text"/> These specific ages correlate to the immunization minimum dosing requirement for child care enrollment in Nevada. |
| <p>(1b) As of September 1st, how many children between 12 and 17 months are enrolled in your child care facility?</p> <p>* must provide value</p> | <input type="text"/> These specific ages correlate to the immunization minimum dosing requirement for child care enrollment in Nevada. |
| <p>(1c) As of September 1st, how many children between 18 months and up to 3 years, 11 months of age are enrolled in your child care facility?</p> <p>* must provide value</p> | <input type="text"/> These specific ages correlate to the immunization minimum dosing requirement for child care enrollment in Nevada. |
| <p>(1d) As of September 1st, how many 4 year old children are enrolled in your child care facility?</p> <p>* must provide value</p> | <input type="text"/> These specific ages correlate to the immunization minimum dosing requirement for child care enrollment in Nevada. |
| <p>(2) Of the children enrolled from 6 months through 12 months of age, how many received 3 doses of Hepatitis B by 6 months, 30 days old?</p> <p>* must provide value</p> | <input type="text"/> |
| <p>(3) Of the children enrolled from 6 months through 12 months of age, how many received 3 doses of Polio by 6 months, 30 days old?</p> <p>* must provide value</p> | <input type="text"/> |
| <p>(4) Of the children enrolled from 12 months through 17 months of age, how many received 3 or 4 doses of Hib by 12 months, 30 days old?</p> <p>* must provide value</p> | <input type="text"/> |
| <p>(5) Of the children enrolled from 12 months through 17 months of age, how many of them received 4 doses of PCV13 by 12 months, 30 days old?</p> <p>* must provide value</p> | <input type="text"/> |



(6) Of the children enrolled from 12 months through 17 months of age, how many of them received 1 dose of MMR by 12 months, 30 days old?

* must provide value

(7) Of the children enrolled from 12 months through 17 months of age, how many of them received 1 dose of Varicella by 12 months, 30 days old?

* must provide value

(8) Of the children enrolled from 12 months through 17 months of age, how many of them received 1 dose of Hepatitis A by 12 months, 30 days old?

* must provide value

(9) Of the children enrolled from 15 months through 17 months of age, how many of them received 4 doses of DTaP by 15 months, 30 days old?

* must provide value

(10) Of the children enrolled from 18 months up to 4 years of age, how many of them received 2 doses of Hepatitis A by 18 months, 30 days old?

* must provide value

(11) Of the children enrolled from 4 years old up to 5 years of age, how many of them received 5 doses of DTaP by 4 years, 30 days old?

* must provide value

(12) Of the children enrolled from 4 years old up to 5 years of age, how many of them received 4 doses of Polio by 4 years, 30 days old?

* must provide value

(13) Of the children enrolled from 4 years old up to 5 years of age, how many of them received 2 doses of MMR by 4 years, 30 days old?

* must provide value

(14) Of the children enrolled from 4 years old up to 5 years of age, how many of them received 2 doses of Varicella by 4 years, 30 days old?

* must provide value

(15) Total # of children medically exempt from any required vaccines

* must provide value

Note: Please report only on children between the ages of 6 months - 4 years, 11 months old.

(15a) Total # of children medically exempt from DTaP (Diphtheria, tetanus, and acellular pertussis)

* must provide value

Note: Please report only on children between the ages of 6 months - 4 years, 11 months old.

(15b) Total # of children medically exempt from Varicella (Chickenpox)

* must provide value

Note: Please report only on children between the ages of 6 months - 4 years, 11 months old.

(15c) Total # of children medically exempt from MMR (Measles, mumps, and rubella)

* must provide value

Note: Please report only on children between the ages of 6 months - 4 years, 11 months old.

(15d) Total # of children medically exempt from IPV (Polio)

* must provide value

Note: Please report only on children between the ages of 6 months - 4 years, 11 months old.

(15e) Total # of children medically exempt from Hepatitis A

* must provide value

Note: Please report only on children between the ages of 6 months - 4 years, 11 months old.

(15f) Total # of children medically exempt from Hepatitis B

* must provide value

Note: Please report only on children between the ages of 6 months - 4 years, 11 months old.

(15g) Total # of children medically exempt from Hib (Haemophilus influenzae type B)

* must provide value

Note: Please report only on children between the ages of 6 months - 4 years, 11 months old.

(15h) Total # of children medically exempt from PCV13 (Pneumococcal conjugate vaccine)

* must provide value

Note: Please report only on children between the ages of 6 months - 4 years, 11 months old.

APPENDIX E: ACCOMMODATION FACILITY QUESTIONS

| Accommodation Facility | |
|---|--|
| (1) In the last 12 months, how many children were enrolled? * must provide value | <input type="text"/> |
| (2) In the last 12 months, how many children were up-to-date for all required vaccines? * must provide value | <input type="text"/> <small>Up-to-date (UTD): children have received all required immunizations prior to entry.</small> |
| (3) In the last 12 months, how many children were medically exempt? * must provide value | <input type="text"/> |
| (4) In the last 12 months, how many children were religiously exempt? * must provide value | <input type="text"/> |



APPENDIX F: CHILD CARE FACILITY TALLY SHEET

Date:

Note: The Nevada State Immunization Program developed this tool to assist in evaluating the immunization status of your facility and completing the Nevada child care facility immunization reporting survey. **Do not submit to NSIP.**

| Child | 1 year old | 18 months through 3 years old | 4 years old | UTD | MedEx | MedEx DTaP | MedEx Varicella | MedEx MMR | RelEx | RelEx DTaP | RelEx Varicella | RelEx MMR | Conditional |
|-------|------------|-------------------------------|-------------|-----|-------|------------|-----------------|-----------|-------|------------|-----------------|-----------|-------------|
| A | | | | | | | | | | | | | |
| B | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | |
| F | | | | | | | | | | | | | |
| G | | | | | | | | | | | | | |
| H | | | | | | | | | | | | | |
| I | | | | | | | | | | | | | |
| J | | | | | | | | | | | | | |
| K | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | |
| M | | | | | | | | | | | | | |
| N | | | | | | | | | | | | | |
| O | | | | | | | | | | | | | |



APPENDIX G: ACCOMMODATION FACILITY TALLY SHEET

Date:

Note: The Nevada State Immunization Program (NSIP) developed this tool to assist in evaluating the immunization status of your facility and completing the Nevada accommodation facility immunization reporting survey. **Do not submit to NSIP.**

| Child | Up-to-date | Medical Exemption | Religious Exemption |
|-------|------------|-------------------|---------------------|
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| E | | | |
| F | | | |
| G | | | |
| H | | | |
| I | | | |
| J | | | |
| K | | | |
| L | | | |
| M | | | |
| N | | | |
| O | | | |



APPENDIX H: IMMUNIZATION REQUIREMENTS RESOURCES

As of [January 2018](#), it is necessary for children being admitted to a Child Care and/or accommodation facility in Nevada to receive all required vaccines at the youngest recommended age per the recommendation of the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) [Immunization Schedule](#). For example, the 5th dose of DTaP is recommended between 4 and 6 years of age. The 5th dose of DTaP vaccine is required at 4 years of age if the child is attending a Child Care and/or accommodation facility in Nevada.

If a child turns an age that meets the youngest recommended age to receive the required vaccines (i.e., DTaP at 4 years old), after enrollment or Child Care entry, the child has 30 days to complete the required immunizations pursuant to Nevada Revised Statutes [\(NRS\) 432A.230](#) and [\(NRS\) 432A.235](#).

- A child is considered up to date if Pediarix was administered at 2, 4, or 6 months of age.
- If a child receives immunizations late, fewer doses may be required. Depending on the vaccine brand and the age the child started, the child may receive a series of one to four doses of Hib.
- If a child receives immunizations late, fewer doses may be required. Depending on the age of the child starting, the child may receive a series of one to four doses of PCV 15/20.
- The first dose of Hep A vaccine should be given at 12 months of age. The second dose should be given 6 months after the last dose.

Immunization requirements and resources are available to provide equitable access to vaccinations:

- Connect with local health care providers, pharmacies, community/public health nurses, Federally Qualified Health Centers, or county health districts for access to vaccines or <https://www.vaccines.gov/> for vaccine availability.
- <https://www.dpbh.nv.gov/programs/immunizations/school-requirements/> for Nevada school/child care facility immunizations resources and links to Technical Bulletins.
- https://dpbh.nv.gov/Resources/Technical_Bulletins-New/ for all technical bulletins released.



Please e-mail nviz@health.nv.gov with questions on Nevada's school, Child Care, or accommodation facility vaccination requirements.

Exemptions

As [of July 2021](#), medical and religious immunization exemptions must be submitted on a standardized Nevada Division of Public and Behavioral Health form (see the [Immunization Exemption Requirement Technical Bulletin](#)). Children may be exempt from immunization requirements for the following reasons:

- Medical Exemption: Requires a Nevada Division of Public and Behavioral Health State Medical Immunization Exemption Certificate signed by a licensed physician (MD or DO) or an Advanced Practice Registered Nurse (APRN) stating that the medical condition of the student will not permit the student to be immunized.
- Religious Exemption: Requires a Nevada Division of Public and Behavioral Health State Religious Immunization Exemption Certificate signed by the parent or guardian who prohibits the immunization of the child due to religious beliefs.

The standardized immunization exemption forms and resources can be found at:

- https://dpbh.nv.gov/Programs/SIP/dta/School_Requirements/School_Requirements/

Exclusion

Per [\(NRS\) 432A.230](#) and [\(NRS\) 432A.235](#), unless excused because of a religious belief or medical condition, a child must be up-to-date, or the child may not be admitted to any Child Care and/or accommodation facility within Nevada.