

IMMUNIZATION RECORD

It is very important to keep track of your child's lifetime immunizations, as this information will be required for child care, school, camp, college, the military and travel.

Child's Name: _____

Birthdate: _____

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
HEP B (HBV) Hepatitis B		1			
		2			
		3			
		4			
DTap/DTP/ DT Diphtheria, tetanus, Pertussis Td/Tdap		1			
		2			
		3			
		4			
		5			
		6			
		1			
		2			
		3			
HIB Haemophilus Influenzae B		1			
		2			
		3			
		4			
POLIO OPV (by mouth) IPV (by injection)		1			
		2			
		3			
		4			
		5			

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
MMR Measles (Rubeola), Mumps & Rubella	MMR	1			
	MMR	2			
	MMR				
	MEASLES				
	MUMPS				
	RUBELLA				
VARICELLA (Chickenpox)	VACCINE	1			
		2			
	DISEASE	YES		NO	
	Approximate date or age at time of disease				
OTHER VACCINES					