# Immunization Record

| LAST NAME | FIRST NAME | M.I. |
|---|---|---|
| | | |

| BIRTHDATE (mm/dd/yy) |
|---|
| |

**MEDICAL NOTES** (allergies, vaccine reactions, etc.)

| Vaccine | Type | Date Given (m/d/yy) | Administered By (clinic, doctor, etc) | Next Dose Date |
|---|---|---|---|---|
| **Hepatitis B** (HepB, Hib-HepB, HepA-HepB, DTaP-HepB-IPV) | | | | |
| | | | | |
| | | | | |
| **Diptheria, Tetanus, Pertussis** (DTaP, DTP, DT, Td, Tdap, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, DTaP/Hib) boosters | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| ***Haemophilus influenzae* type b** (Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib) | | | | |
| | | | | |
| | | | | |
| | | | | |
| **Pneumococcal** (PCV7, PCV13, PPSV23) | | | | |
| | | | | |
| | | | | |
| | | | | |
| **Polio** (IPV, OPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV) | | | | |
| | | | | |
| | | | | |
| | | | | |
| **Rotavirus** (RV1, RV5, RV [unknown]) | | | | |
| | | | | |
| | | | | |
| **Measles, Mumps, & Rubella** (MMR, MMRV) | | | | |
| | | | | |
| **Varicella** (chickenpox) (VAR, MMRV) | | | | |
| | | | | |

| Vaccine | Type | Date Given (m/d/yy) | Administered By (clinic, doctor, etc) | Next Dose Date |
|---|---|---|---|---|
| **Hepatitis A** (HepA, HepA-HepB) | | | | |
| | | | | |
| | | | | |
| **Meningococcal** (MCV4, MPSV4) | | | | |
| | | | | |
| **Human papillomavirus** (HPV4, HPV2) | | | | |
| | | | | |
| **Zoster** (shingles) | | | | |
| | | | | |
| **Influenza** (yearly) (TIV, LAIV) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| **Other** | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Clear Form Entries