

Vaccine	Date Given	Doctor or Clinic	Date Next Due
(circle specific type given)			
DTaP/DTd			1
DTaP/DTd			2
DTaP/DTd			3
DTaP/DTd			4
DTaP/DTd			5
Tdap/Td			1
Hib			1
Hib			2
Hib			3
Hib			4
IPV			1
IPV			2
IPV			3
IPV			4
IPV			5
MMR/MMRV			1
MMR/MMRV			2
Varicella			1
Varicella			2
Rotavirus			1
Rotavirus			2
Rotavirus			3
PCV			1
PCV			2
PCV			3
PCV			4
MCV			1
HPV			1
HPV			2
HPV			3
Other			

Vaccine (circle specific type given)	Date Given	Doctor or Clinic	Date Next Due
1	Hep B		
2	Hep B		
3	Hep B		
1	Hep A		
2	Hep A		
Other			
Other			
Other			
Other			

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1	*Flu (TIV/LAIV)		
2	*Flu (TIV/LAIV)		
Yearly	*Flu (TIV/LAIV)		
Yearly	*Flu (TIV/LAIV)		
Other			
Other			
Other			

All children ages 6 months through 8 years who receive seasonal influenza vaccine for the first time should be given 2 doses. Children who receive only one dose in the first year of vaccination should receive two doses in their second year of vaccination.

\*Seasonal

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## Immunization Record

Name \_\_\_\_\_  
(Last, First, MI)

Date of Birth \_\_\_\_\_

Physician or Clinic \_\_\_\_\_

Notice to Parents: Please take this card with you when you visit your doctor or clinic and have them fill in the information.