

RECORD OF IMMUNIZATIONS AND TESTS

CHILD'S NAME: _____ Date of Birth: ____/____/____ Sex: M F

Please indicate vaccine date and type. If combination vaccine, please indicate in each applicable section.

Vaccine	Date	Date & Vaccine Type	Vaccine	Date	Date & Vaccine Type																		
Diphtheria, Tetanus, Pertussis (DTP, DTaP, DTap-Hib, DTAaP-HepB-IPV, DTap-IPV/Hib, Td, Tdap)	1		Hepatitis B (HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	1																			
	2			2																			
	3			3																			
	4			4																			
	5																						
Polio (IPV,DTaP-HepB-IPV, DTap-IPV/Hib)	1		Varicella (Var, MMRV) *Reliable history of chickenpox may be based on: <ul style="list-style-type: none"> • Physician interpretation of parent/guardian description of chickenpox • Physical diagnosis of chickenpox, or Serologic proof of immunity 	1																			
	2			2																			
	3			___ *Check here if this person has a physician-certified reliable history of chickenpox																			
	4																						
Measles, Mumps, Rubella (MMR, MMRV)	1		Pneumococcal Conjugate (PCV7)	1																			
	2			2																			
Haemophilus Influenzae type b (Hib, HepB-Hib, DTap-Hib, DTap-IPV/Hib)	1				3																		
	2				4																		
	3		Hepatitis A (HepA, HepA-HepB)	1																			
	4			2																			
<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <thead> <tr> <th colspan="3" style="text-align: center;">LEAD SCREENING</th> </tr> <tr> <th style="width: 60%;">Age Group</th> <th style="width: 10%;">Date</th> <th style="width: 30%;">Screening Type</th> </tr> </thead> <tbody> <tr> <td>9 - 12 months</td> <td>1</td> <td></td> </tr> <tr> <td>2 - 2.11 years</td> <td>2</td> <td></td> </tr> <tr> <td>3 - 3.11 years</td> <td>3</td> <td></td> </tr> <tr> <td>4+ years <i>(if high risk city/town)</i></td> <td>4</td> <td></td> </tr> </tbody> </table>			LEAD SCREENING			Age Group	Date	Screening Type	9 - 12 months	1		2 - 2.11 years	2		3 - 3.11 years	3		4+ years <i>(if high risk city/town)</i>	4		Rotavirus (RV5: 3-dose series, RV1: 2-dose series)	1	
			LEAD SCREENING																				
			Age Group	Date	Screening Type																		
			9 - 12 months	1																			
			2 - 2.11 years	2																			
			3 - 3.11 years	3																			
4+ years <i>(if high risk city/town)</i>	4																						
		2																					
		3																					
		Influenza Inactivated (Intramuscular) or Live (Intranasal)	1																				
			2																				
			3																				
			4																				
			5																				
			6																				

IMMUNIZATION NOTES: (please note any special circumstances regarding the schedule of immunizations for this child.)

I certify that this immunization information has been transferred from the above-named individual's medical records.

Physician Name (please print): _____ Date: _____

Physician Signature: _____

Facility Name and Address: _____