

Immunization Card

Instructions: Record the type and date for each vaccination given. For combination vaccines (like Hib-HepB), complete a row under each separate antigen in the combination. Take a copy of your immunization record with you when you visit a healthcare professional. Have them assist you in completing the form. For information about the vaccines and recommended immunization schedules, see the Center for Disease Control and Prevention website.

First Name

Last Name

Date of Birth

Age

Medical Notes (Allergies, Vaccine Reactions, etc.):

Vaccine	Type	Date Given	Administered	Next Dose Date