

[illegible]

IMMUNIZATION RECORD

Your child MUST comply with the Arkansas Immunization Law to attend school.
Retain this document as proof of immunization.

Name Daniel William Gray

Birthdate 12-30-96

Allergies _____

Vaccine Reactions _____

RETAIN THIS DOCUMENT!
PRESENT AT EACH VISIT.

IMMUNIZATION RECORD					
Date	Vaccines	Doctor or Clinic	Medical Notes	Return	
8-4-97	DTP/Hib	CCC			
	DTP/Hib				
	DTP/Hib				
	DTP/Hib				
	DTP/Hib				
5-1-97	DTP/DTap/Td	CCC			
7-9-97	DTP/DTap/Td	ccc			
7-17-98	DTP/DTap/Td	JAN.			
	DTP/DTap/Td				
	DTP/DTap/Td				
3-4-98	OPV/EIPV	CCC			
5-1-98	OPV/EIPV	CCC			
7-2-98	OPV/EIPV	ccc			
9-17-98	OPV/EIPV	downla-			
	Hib *				
8-1-98	Hib *	ccc			
7-9-98	Hib *	ccc			
4-3-98	Hib * 4	plakke			
4-3-98	MMR	Nelade			
	MMR				
	Multi-Puncture Test				
	HBIG				
12-30-98	Hepatitis B	Svimc		1-2 months	
3-4-97	Hepatitis B	ccc			
7-9-97	Hepatitis B	ccc			
	Hepatitis B				
	Influenza				
	Influenza				

*Haeophilus influenza b conjugate vaccine. Specify manufacturer in Medical Notes column.

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