Immunization History

Name:	Date of Birth:				
Enter the date an imprecord. G.S. 130A-1					nunization
	Enter	date of each dose	- Month/Day/Y	ear	
VACCINE	#1	#2	#3	#4	#5
*DTP / DT (circle	-				
which) *Polio			ž.		
**Hib	7				
***Hepatitis B		. *	*		
		9			
*MMR (combined doses)		· · · · · ·			
****Chicken Pox		* 4			
OTHER					
OTHER		4			
*Required by State law **Required by State law ***Required by State law ***Required by State law	w for children bor w for children bor	n on or after 7/1/94.			
				2	
Records Updated by:				te Updated:	
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