

**Enter date of each dose - Month/Day/Year**

VACCINE	#1	#2	#3	#4	#5
*DTP / DT (circle which)					
*Polio					
**Hib					
***Hepatitis B					
*MMR (combined doses)					
****Chicken Pox					
OTHER					
OTHER					

\*Required by State law.

**\*\*Required by State law for children born on or after 10/1/88.**

\*\*\*Required by State law for children born on or after 7/1/94.

\*\*\*\*Required by State law for children born on or after 4/1/01.

[illegible]