

Vaccine	Date Given			Given by other practice?	Type of Vaccine
	Month	Day	Year		Mark one box for each vaccine dose
Hepatitis B	1 May	11	2022	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> HepB Only <input type="checkbox"/> DTaP-HepB-IPV ^a <input checked="" type="checkbox"/> DTaP-IPV-Hib-HepB ^b
Dose 1 given at birth? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
	2 Jan	5	2022	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> HepB Only <input type="checkbox"/> DTaP-HepB-IPV ^a <input checked="" type="checkbox"/> DTaP-IPV-Hib-HepB ^b
	3 Nov	1	2021	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> HepB Only <input type="checkbox"/> DTaP-HepB-IPV ^a <input type="checkbox"/> DTaP-IPV-Hib-HepB ^b
	4			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> HepB Only <input type="checkbox"/> DTaP-HepB-IPV ^a <input type="checkbox"/> DTaP-IPV-Hib-HepB ^b
^a Pediarix [®] ^b Vaxelis [®]					
DTaP	1 NOV	1	2021	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> DTaP/DTP <input type="checkbox"/> DTaP-HepB-IPV ^a <input type="checkbox"/> DTaP-IPV-Hib ^b <input type="checkbox"/> DTaP-IPV-Hib-HepB ^c
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DTaP/DTP <input type="checkbox"/> DTaP-HepB-IPV ^a <input type="checkbox"/> DTaP-IPV-Hib ^b <input type="checkbox"/> DTaP-IPV-Hib-HepB ^c
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DTaP/DTP <input type="checkbox"/> DTaP-HepB-IPV ^a <input type="checkbox"/> DTaP-IPV-Hib ^b <input type="checkbox"/> DTaP-IPV-Hib-HepB ^c
	4			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DTaP/DTP <input type="checkbox"/> DTaP-HepB-IPV ^a <input type="checkbox"/> DTaP-IPV-Hib ^b <input type="checkbox"/> DTaP-IPV-Hib-HepB ^c
	5			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DTaP/DTP <input type="checkbox"/> DTaP-HepB-IPV ^a <input type="checkbox"/> DTaP-IPV-Hib ^b <input type="checkbox"/> DTaP-IPV-Hib-HepB ^c
^a Pediarix [®] ^b Pentacel [®] ^c Vaxelis [®]					
Hib	1 July	10	2022	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Merck ^a <input checked="" type="checkbox"/> Sanofi ^a <input type="checkbox"/> DTaP-Hib <input type="checkbox"/> DTaP-IPV-Hib ^b <input type="checkbox"/> HibMenCY <input type="checkbox"/> DTaP-IPV-Hib-HepB ^d
	2			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Merck ^a <input type="checkbox"/> Sanofi ^a <input type="checkbox"/> DTaP-Hib <input type="checkbox"/> DTaP-IPV-Hib ^b <input type="checkbox"/> HibMenCY <input type="checkbox"/> DTaP-IPV-Hib-HepB ^d
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Merck ^a <input type="checkbox"/> Sanofi ^a <input type="checkbox"/> DTaP-Hib <input type="checkbox"/> DTaP-IPV-Hib ^b <input type="checkbox"/> HibMenCY <input type="checkbox"/> DTaP-IPV-Hib-HepB ^d
	4			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Merck ^a <input type="checkbox"/> Sanofi ^a <input type="checkbox"/> DTaP-Hib <input type="checkbox"/> DTaP-IPV-Hib ^b <input type="checkbox"/> HibMenCY <input type="checkbox"/> DTaP-IPV-Hib-HepB ^d
	5			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Merck ^a <input type="checkbox"/> Sanofi ^a <input type="checkbox"/> DTaP-Hib <input type="checkbox"/> DTaP-IPV-Hib ^b <input type="checkbox"/> HibMenCY <input type="checkbox"/> DTaP-IPV-Hib-HepB ^d
^a PedvaxHib [®] , PRP-OMP ^b ActHib [®] , PRP-T ^c Pentacel [®] ^d Vaxelis [®]					
Polio	1 Oct	25	2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> IPV <input type="checkbox"/> DTaP-HepB-IPV ^a <input type="checkbox"/> DTaP-IPV-Hib ^b <input type="checkbox"/> OPV <input type="checkbox"/> DTaP-IPV-Hib-HepB ^c
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IPV <input type="checkbox"/> DTaP-HepB-IPV ^a <input type="checkbox"/> DTaP-IPV-Hib ^b <input type="checkbox"/> OPV <input type="checkbox"/> DTaP-IPV-Hib-HepB ^c
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IPV <input type="checkbox"/> DTaP-HepB-IPV ^a <input type="checkbox"/> DTaP-IPV-Hib ^b <input type="checkbox"/> OPV <input type="checkbox"/> DTaP-IPV-Hib-HepB ^c
	4			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IPV <input type="checkbox"/> DTaP-HepB-IPV ^a <input type="checkbox"/> DTaP-IPV-Hib ^b <input type="checkbox"/> OPV <input type="checkbox"/> DTaP-IPV-Hib-HepB ^c
^a Pediarix [®] ^b Pentacel [®] ^c Vaxelis [®]					
Pneumococcal	1 Feb	10	2021	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 ^a <input type="checkbox"/> Conjugate-13 ^b <input checked="" type="checkbox"/> Polysaccharide ^c
	2 10	25	2022	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 ^a <input type="checkbox"/> Conjugate-13 ^b <input checked="" type="checkbox"/> Polysaccharide ^c
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 ^a <input type="checkbox"/> Conjugate-13 ^b <input type="checkbox"/> Polysaccharide ^c
	4			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 ^a <input type="checkbox"/> Conjugate-13 ^b <input type="checkbox"/> Polysaccharide ^c
	5			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 ^a <input type="checkbox"/> Conjugate-13 ^b <input type="checkbox"/> Polysaccharide ^c
	6			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 ^a <input type="checkbox"/> Conjugate-13 ^b <input type="checkbox"/> Polysaccharide ^c
^a Prevna [®] (PCV7) ^b Prevna13 [®] (PCV13) ^c Pneumovax [®] (PPSV23)					
Rotavirus (RV)	1 01	12	2020	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> RotaTeq [®] - Merck (RV5) <input checked="" type="checkbox"/> Rotarix [®] - GSK (RV1)
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> RotaTeq [®] - Merck (RV5) <input type="checkbox"/> Rotarix [®] - GSK (RV1)
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> RotaTeq [®] - Merck (RV5) <input type="checkbox"/> Rotarix [®] - GSK (RV1)
MMR	1 Dec	18	2020	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> MMR <input type="checkbox"/> Measles only <input type="checkbox"/> MMR-Varicella
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> MMR <input type="checkbox"/> Measles only <input type="checkbox"/> MMR-Varicella
Varicella	1 08	20	2022	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Varicella only <input type="checkbox"/> MMR-Varicella <input type="checkbox"/> Child has a history of chickenpox
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Varicella only <input type="checkbox"/> MMR-Varicella
Hepatitis A	1 05	28	2021	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Please remember to answer all questions on page 1.
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Seasonal Influenza	1 May	18	2021	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Inactivated Influenza Vaccine (IIV) ^a <input type="checkbox"/> Live Attenuated Influenza Vaccine (LAIV) ^b
	2 09	13	2020	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Inactivated Influenza Vaccine (IIV) ^a <input type="checkbox"/> Live Attenuated Influenza Vaccine (LAIV) ^b
	3 10	10	2019	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Inactivated Influenza Vaccine (IIV) ^a <input type="checkbox"/> Live Attenuated Influenza Vaccine (LAIV) ^b
	4			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inactivated Influenza Vaccine (IIV) ^a <input type="checkbox"/> Live Attenuated Influenza Vaccine (LAIV) ^b
^a Injected, eg. Fluzone [®] , Fluarix [®] , Fluvax [®] ^b Inhaled nasal flu spray, eg. FluMist [®]					
Other	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	Please enter a description of each vaccine dose.
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you need more space to report vaccines, please attach additional sheets.