# Immunization Record

**Patient's Name:** _____ **Reference Record #:** _____

**Tel: (home)** _____ **(Mobile)** _____ **Date of Birth:** _____

**Gender:** □ **Male** □ **Female** **Insurance Details:** _____

| Name of the Vaccine | Dose 1 (MM/DD/YY) | Dose 2 (MM/DD/YY) | Dose 3 (MM/DD/YY) | Dose 4 (MM/DD/YY) | Dose 5 (MM/DD/YY) | Signature of Patient or Guardian |
|---|---|---|---|---|---|---|
| **Required Vaccinations for School** | | | | | | |
| Diphtheria and Tetanus (DT) | / / | / / | / / | / / | / / | |
| Diphtheria, Tetanus, Pertussis (DTap, DTP) (6 and -) | / / | / / | / / | / / | / / | |
| Haemophilius Influenzae b (Hib) | / / | / / | / / | / / | / / | |
| Polio (OPV, IPV) | / / | / / | / / | / / | | |
| Tetanus and Diphtheria (Tdap, Td) (7 and +) | / / | / / | / / | | | |
| Measles, Mumps and Rubella (MMR) (1 and +) | / / | / / | / / | | | |
| Hepatitis B (Hep B | / / | / / | / / | | | |
| Varicella (chicken pox) (1 and +) | / / | / / | | | | |
| **Recommended for School** | | | | | | |
| Human Papillomavirus (HPV) | / / | / / | / / | | | |
| Hepatitis A (Hep A) | / / | / / | | | | |
| Meningococcal (MCV) (MPSV) | / / | / / | | | | |

Notes/Comments:_____

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