| Immunization Chart | | | | | | | | |
|----------------------|--|------------|-----------|---------------|------------|------------|------------------|---|
| Name : | | | | | | | | |
| D.O.B. | | | | Phone number: | | | | |
| Immunizations : | | | | | | | | |
| Type of Vaccination: | | Date Given | Age Given | Manufacturer | Lot Number | Site Given | Vaccine Given By | Informed Consent Received from Patient |
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| Comments / Notes | | | | | | | | |
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