# Immunization Record

| LAST NAME | FIRST NAME | M.I. |
|---|---|---|
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| BIRTHDATE (mm/dd/yy) |
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**INSTRUCTIONS**

Record the Type (HepB) and the Date (m/d/yy) for each vaccination given. For combination vaccines (like Hib-HepB), complete a row under each separate antigen in the combination. Take a copy of your immunization record with you when you visit a healthcare professional. Have them assist you in completing the form. For information about the vaccines and recommended immunization schedules, see the Center for Disease Control and Prevention website at http://www.cdc.gov/vaccines. Once complete sign the bottom of the form.

| Vaccine | Type | Date Given (m/d/yy) | Administered By (clinic, doctor, etc) | Next Dose Date |
|---|---|---|---|---|
| **Hepatitis B** (HepB, Hib-HepB, HepA-HepB, DTaP-HepB-IPV) | | | | |
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| **Diptheria, Tetanus, Pertussis** (DTaP, DTP, DT, Td, Tdap, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, DTaP/Hib) boosters | | | | |
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| ***Haemophilus influenzae* type b** (Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib) | | | | |
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| **Pneumococcal** (PCV7, PCV13, PPSV23) | | | | |
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| **Polio** (IPV, OPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV) | | | | |
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| **Rotavirus** (RV1, RV5, RV [unknown]) | | | | |
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| **Measles, Mumps, & Rubella** (MMR, MMRV) | | | | |
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| **Varicella** (chickenpox) (VAR, MMRV) | | | | |
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| Vaccine | Type | Date Given (m/d/yy) | Administered By (clinic, doctor, etc) | Next Dose Date |
|---|---|---|---|---|
| **Hepatitis A** (HepA, HepA-HepB) | | | | |
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| **Meningococcal** (MCV4, MPSV4) | | | | |
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| **Human papillomavirus** (HPV4, HPV2) | | | | |
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| **Zoster** (shingles) | | | | |
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| **Influenza** (yearly) (TIV, LAIV) | | | | |
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**Signature:** _____