



Immunization Record

Name _____
First Name Middle Name Last Name Date of Birth

REQUIRED Immunizations

M.M.R. (MEASLES, MUMPS, RUBELLA)

1. Dose 1 given at age 12 months or later. #1 ____/____/____
M D Y
2. Dose 2 given at least 28 days after first dose. #2 ____/____/____
M D Y

POLIO

IPV #1 ____/____/____ IPV #2 ____/____/____ OPV #3 ____/____/____ OPV #4 ____/____/____
M D Y M D Y M D Y M D Y

VARICELLA

1. History of Disease Yes ___ No ___ or Birth in U.S. before 1980 Yes ___ No ___

2. Immunization

- a. Dose #1 #1 ____/____/____
M D Y
- b. Dose #2 given at least 12 weeks after first dose ages 1-12 years and at least 4 weeks after first dose if age 13 years or older. #2 ____/____/____
M D Y

TETANUS-DIPHThERIA-PERTUSSIS

1. Booster: Tdap (preferred) ____/____/____
M D Y
- OR
2. Booster: Td within the last ten years. ____/____/____
M D Y

TUBERCULIN SKIN TEST (PPD)

1. Date/Time Given _____

2. Date/Time Read _____ Result: Negative Positive

RECOMMENDED Immunizations

HUMAN PAPILLOMAVIRUS VACCINE (HPV)

a. Dose #1 ____/____/____ b. Dose #2 ____/____/____ c. Dose #3 ____/____/____
M D Y M D Y M D Y

INFLUENZA

Date ____/____/____
M D Y

MENINGOCOCCAL

Date ____/____/____
M D Y

HEPATITIS A

a. Dose #1 ____/____/____ b. Dose #2 ____/____/____
M D Y M D Y

HEPATITIS B

a. Dose #1 ____/____/____ b. Dose #2 ____/____/____ c. Dose #3 ____/____/____
M D Y M D Y M D Y