

CHILD IMMUNIZATIONS RECORD

Dose Number	Date	Manufacturer	Lot Number	Dose	Route	Site	VIS Edition (Date or N/A)	Name/Rate/Rank of Person Administering	Signature	MTF or Other Facility
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Diphtheria, Tetanus, Pertussis (DTaP)

1										
2										
3										
4										
5										

Hemophilus influenzae type b (Hib)

1										
2										
3										
4										

Hepatitis A

1										
2										

Hepatitis B

1										
2										
3										

Measles, Mumps, Rubella (MMR)

1										
2										

Pneumococcal Conjugate (PCV)

1										
2										
3										
4										

Polio, Inactivated (IPV)

1										
2										
3										
4										

Tetanus-Diphtheria (Td)

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Varicella

1										
2										

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)

HOSPITAL OR MEDICAL FACILITY	STATUS
DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN
RELATIONSHIP TO SPONSOR	

