CHILD IMMUNIZATIONS RECORD

Dose number	Date	Manu-facturer	Lot #	Dose	Route	Site	VIS edition (date or n/a)	Name/rank of person administering	Initials	MTF or other facility
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)										
Varicella										
1										
2										

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

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

CHILD IMMUNIZATIONS RECORD (continued)

Vaccine, dose #	Date	Manu-facturer	Lot #	Dose	Route	Site	VIS edition (date or n/a)	Name/rank of person administering	Initials	MTF or other facility
Other										

Remarks

Sensitivity Tests

Date placed	Type	Dose	Route	Site	Results	Reader

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

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