

childhood vaccination record

Name _____ Date of Birth _____

Have your child's doctor sign and date in the corresponding box to record vaccination.

ROUTINE VACCINATIONS	DOCTOR'S SIGNATURE AND DATES OF VACCINATION					
Diphtheria, Pertussis, Tetanus (DTaP)						
Tetanus, Diphtheria Booster (Td)						
<i>Haemophilus influenzae</i> Type b (Hib)						
Polio, Inactivated poliovirus (IPV)						
Pneumococcal vaccine (PCV or PPV)						
Measles, Mumps, Rubella						
Varicella (chickenpox vaccine)						
Hepatitis A						
Hepatitis B						
Human Papillomavirus (HPV)						
PPD or Tine Test (tuberculosis skin test)						
Influenza (flu shot)						
<i>Special or Travel Vaccination</i>						
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(Copy for school and camp physicals)