# IMMUNIZATION RECORD

*Comprobante de Inmunización*

Registry ID Number

**Name**
*nombre*

**Birthdate** **Sex**
*fecha de nacimiento* *sexo*

**Allergies**
*alergias*

**Vaccine Reactions**
*reacciones a la vacuna*

RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO

| VACCINE *vacuna* | DATE GIVEN *fecha de vacunación* | DOCTOR OFFICE OR CLINIC *médico o clínica* | NEXT DOSE DUE *próxima vacuna* |
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Parents: Your child must meet California's immunization requirements to be enrolled in school and child care. Keep this Record as proof of immunization.

Padres: Su niño debe cumplir con los requisitos de vacunas para asistir a la escuela y a la guardería. Mantenga este Comprobante: lo necesitará.

**DT/Td** = Diphtheria, tetanus *[difteria, tétano]*
**DTaP/Tdap** = Diphtheria, tetanus, and pertussis (whooping cough) *[difteria, tétano, y tos ferina]*
**DTP** = Diphtheria, tetanus, pertussis (whooping cough) *[difteria, tétano, y tos ferina]*
**HEP A** = Hepatitis A
**HEP B** = Hepatitis B
**HIB** = Hib meningitis ( *Haemophilus influenzae* type b) *[meningitis Hib]*
**HPV** = Human papillomavirus *[virus del papiloma humano]*
**INFV** = Influenza *[la gripe]*
**MCV** = Meningococcal conjugate vaccine *[vacuna meningocócia conjugada]*
**MMR** = Measles, mumps, rubella *[sarampión, paperas y rubéola (sarampión alemán)]*
**MPV** = Meningococcal polysaccharide vaccine *[vacuna meningocócia polisacárida]*
**PNEUMO** = Pneumococcal vaccine *[neumocócica]*
**POLIO** = Poliomyelitis *[poliomielitis]*
**RV** = Rotavirus *[rotavirus]*
**VZV** = Varicella (chickenpox) *[varicela]*

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TB SKIN TESTS* Pruebas de la Tuberculosis

| Type** | Date given | Given by | Date read | Read by | mm/indur | Impression |
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* A chest x-ray may be indicated if skin test is positive.
** If required for school entry, must be Mantoux unless exception granted by local health department.

CHEST X-RAY [Radiografiá] (Necessary if skin test positive.)

Film date: ____/____/____ Interpretation: ☐ normal ☐ abnormal

Person is free of communicable tuberculosis ☐ yes ☐ no

Signature/Agency: ________________________________



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