

# CHILD & TEEN IMMUNIZATION RECORD

Always carry this record with you and have your healthcare professional or clinic keep it up to date.

Last name M.I.

Birthdate:  -  -   
(mo.) (day) (yr.)

Patient Number:

Printed by Immunization Action Coalition, Saint Paul, MN  
[www.immunize.org](http://www.immunize.org) • [www.vaccineinformation.org](http://www.vaccineinformation.org)

Medical notes (e.g., allergies, vaccine reactions):


Healthcare provider: List the mo/day/yr for each vaccination given. Record the generic abbreviation (e.g., PCV13, DTaP-HepB-IPV) or the trade name. For combination vaccines, fill in a row for each separate antigen in the combination.

Item #R2003 (9/10)

Vaccine	Type of vaccine	Date given mo/day/yr	Healthcare professional or clinic	Date next dose due
Hepatitis B (HepB, Hib-HepB, DTaP-HepB-IPV, HepA-HepB)				
Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT, Td, Tdap, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, DTaP/Hib)				
Other				

To learn more about vaccines, visit [www.immunize.org](http://www.immunize.org) or [www.vaccineinformation.org](http://www.vaccineinformation.org)

(mo.) |  (day) |  (yr.)

Last name

First name

M.I.

Birthdate

Vaccine	Type of vaccine	Date given mo/day/yr	Healthcare professional or clinic	Date next dose due
<i>H. influenzae</i> type b (Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib)				
Polio (IPV, OPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV)				
Pneumococcal (PCV7, PCV13, PPSV23)				
Rotavirus (RV1, RV5, RV [unknown])				

Vaccine	Type of vaccine	Date given mo/day/yr	Healthcare professional or clinic	Date next dose due
Measles, Mumps, Rubella (MMR, MMRV)				
Varicella (VAR, MMRV)				
Hepatitis A (HepA, HepA-HepB)				
----- If combo				
Meningococcal (MenACWY, MPSV4)				
Human papillomavirus (HPV4, HPV2)				
Influenza (TIV, LAIV)				

Get vaccinated against influenza each year to protect yourself and others around you.