Sample California Immunization Record

VACCINE		DATE GIVEN		OCTOR	OFFICE	OR	CLINIC	DATE NEX DOSE DUI
	1		□ Conj □ Poly					
	. 2		Conj					
PNEUMOCOCCA (Conjugate = PCV)	LŹ		Poly					
(Polysaccharide = PPV23)	3		Conj					
	4		□ Conj □ Poly					
			,					
TB Type** SKIN □ PPD-M	antoux	Date given	Given by	Date re		ad by	mm ind	
PPD-M Other.	antoux	/ /		/ /	_			Pos Neg Pos Neg
culosis PPD-M	antoux	/ /		/ /				Pos Neg
* A chest : ** If requin	c-ray mo ed for so	y be indicate hool entry, n	ed if skin test i nust be Manto	s positive. ux un l ess e	exception	granted	by local h	ea l th department.
CHEST X-RAY [Radiografiá]			//_ communica					abnormal
(Necessary if skin test positive.)	Signo	ature/Agenc	y:					
Parents: Your chil	d care.	Keep this	Record as p	roof of ir	nmuniza	ion.		
Padres: Su niño a guardería			os requisitos Comprobant			asistir	a la escu	ela y a la
	IM	MUN	IIZA.	TIO	N F	REC	COF	RD
			robante	de Ini	muniz			
			SEAL	OF 7	40000			
			EUF	EKA		AD.		
		90:						
Name nombre	- (}	¥ 40						
Birthdate fecha de nacimien	to		X-2-					
All!		18/ 6		-		B		
Allergies alergias		18	0 0		Y.	8/		
		acuna	CALIF	ORN	A SS	<u> </u>		

-	VACCIN vacuna	E	DATE			
ŀ			GIVEN fecha de vacunación		DOCTOR OFFICE OR CLINIC médico o clínica	DATE NEXT DOSE DUE próxima vacuna
		1	vacunación	□IPV □OPV		vacuna
	POLIO	2		□ IPV □ OPV		
		3		□IPV □OPV		
		4		□IPV □OPV		
ŀ	DTaP DTP Td DT	1		□ DToP/DTP		
		2		□ DTaP/DTP		
sbaces.		3		DToP/DTP		
PROVIDERS: It using combination vaccines, remember to record dose in all appropriate spaces.		4		DToP/DTP		
e in all ap		5		□ DToP/DTP		
sop				□īd		
record	нів	1				
ber to		2				
remen		3				
ccines,		4				
tion vo	MMR	1				
ombino:		2				
nsing	HEPATITIS E	1				
EKS: I		2				
F KO		3				
	VARICELLA (chickenpox)					
	Had dise					
ſ	1 HEPATITIS A					
		2				
aP = D = p A B = V = V = V =	 diphtherion influenza Hepatit Hib mening inactivated measles, pneumoco pneumoco 	is A, gitis poli mun ccal ccal	Hep B = (Haemophi o (poliomie nps, rubella conjugate v	Hepatitis B lus influenz elitis inactiv (sarampie vaccine [neride vaccine	oing cough) [differia, tétano y ae type B) [meningitis Hib] ado], OPV = oral polio [vacc in, paperas y rubéola (sarampi eumocócica conjugada] s [vacuna polisacárida contra	una oral contra la poli ón alemán)]

Note: Not shown at actual size. The California Immunization Record (yellow card) can be folded to fit into the plastic holder.