Sample California Immunization Record

VA	CCINE		DATE GIVEN	ı	OCTOR	OFFICE	OR	CLINIC	DATE NEX
		1		□ Conj □ Poly					
		•		Conj					
PNEUMO (Conjugat		. 2		Poly					
(Polysacchari		3		Conj					
		4		Conj					
SKIN TESTS*	Type** PPD-Me Other_	antoux	Date given	Given by	Date re		ad by	mm in	dur Interpretatio
de la Tuber-	☐ PPD-Ma ☐ Other ☐ PPD-Ma	antoux	/ /		/ /	/			Pos
	Other_	-ray ma	y be indicate	d if skin test i	s positive.				Pos Neg
CHEST X	If require	d for sc	hool entry, n	oust be Manto	oux unless o				health department.
[Radiogr (Necesso	rafiá) ary if			communica					
skin test po			nture/Agenc		unization	requiren	nents	to be en	rolled in school
Padres: S	and chi l d u niño d	care. ebe cu	Keep this mplir con lo	Record as p os requisitos	roof of ir de vacur	nmuniza ias para	ion.		
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Name nombre			Ш				F		
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Birthdate	acimi-	h 15							
Birthdate fecha de n	acimien	to /						3/	
Birthdate fecha de n	eactions		A STATE OF THE STA	CALIF	ORN			<u>3/ </u>	

Name				ite		
	VACCIN	E	DATE GIVEN fecha de		DOCTOR OFFICE OR CLINIC	DATE NEXT DOSE DUE próxima
ŀ	vacuna		fecha de vacunación	□IPV	médico o clínica	próxima vacuna
	POLIO	1		OPV		
		2		□IPV □OPV		
		3		□IPV □OPV		
		4		□IPV □OPV		
ľ	DTaP DTP Td DT	1		DToP/DTP		
PROVIDERS: If using combination vaccines, remember to record dose in all appropriate spaces.		2		DTGP/DTP		
		3		□ DToP/DTP		
		4		DToP/DTP		
5		5		□ DToP/DTP □ DT/Td		
				□Td		
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emember to	шь	2				
	HIB	3				
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	MMR	1				
		2				
Gilligo	HEPATITIS I	1				
RS: If		2				
		3				
	VARICELLA					
	(chickenpo					
ľ	HEPATITIS	1 A				
		2				
aP = p A B = / = V = V =	= diphtheri influenza = Hepatit Hib menin- inactivated = measles, pneumoco pneumoco etanus, dip	is A, gitis poli mun ccal ccal hthe	Hep B = (Haemophi o (poliomie nps, rubella conjugate v	Hepatitis B lus influenz elitis inactiv [sarampie vaccine [ne ride vaccine o, difteria]	oing cough) [differia, tétano y t ae type B) [meningitis Hib] ado], OPV = oral polio [vacu ón, paperas y rubéola (sarampiá eumocócica conjugada] e [vacuna polisacárida contra e	na oral contra la pol n alemán)]

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