

NAME: _____

DOB: _____ CIR #: _____

IMMUNIZATIONS

VACCINE	DOSE NUMBER				
	1	2	3	4	5
Influenza Type b (Hib)	SIGNATURE				
Pneumo-coccal Conjugate	DATE GIVEN				
	SIGNATURE				
Measles Mumps Rubella	DATE GIVEN				
	SIGNATURE				
Varicella	DATE GIVEN				
	SIGNATURE				
Tetanus Diphtheria	DATE GIVEN				
	SIGNATURE				
Influenza (Flu)	DATE GIVEN				
	SIGNATURE				
Influenza (Flu)	DATE GIVEN				
	SIGNATURE				
Pneumococcal Polysaccharide (PPV23)	DATE GIVEN				
	SIGNATURE				
Other	DATE GIVEN				
	SIGNATURE				

Record each component of combined vaccines in all appropriate boxes
IMM-4 (REV. 7/04)



Lifetime Immunization Record

NAME	
BIRTH DATE	SOCIAL SECURITY NO.
PARENT / GUARDIAN	
ADDRESS	TELEPHONE
ADDRESS	TELEPHONE

Please check that your full name and birthdate are present in this section.

MMR (measles, mumps, rubella) immunity is required. Two doses of MMR vaccine is one way to demonstrate immunity.

Next Vaccine Due:	
DATE	DATE
DATE	DATE
IF YOU ARE RETURNING FOR CARE AT A DEPARTMENT OF HEALTH CLINIC, PLEASE CALL TO CONFIRM THE CLINIC DAYS AND HOURS OF OPERATION. (212) 349-2864.	

This is a lifetime immunization record. Please bring it with you every time you visit a doctor or nurse and ask them to record the visit and immunizations you received. You will need this record for school, travel, college, the armed forces and future employment.



Scroll down to [Lead Test History](#)

Immunization History

Event	1	2	3	4	5	6	7	Next Due
Influenza 2 Event/s	05/06/2010 Influenza- injectable, 40y 1m	10/02/2013 Influenza, IV3, IM 43y 5m						DUE NOW INFLUENZA
HepB 2 Event/s	05/06/2010 Hep B Adult =>20 yrs 40y 1m	07/20/2010 Hep B Adult =>20 yrs 40y 3m						DUE NOW HEP B ADULT =>20 YRS
Rotavirus 0 Event/s								Not recommended after 8 months.
DTP 7 Event/s	05/25/1970 DTaP 7w 0d	09/10/1970 DTaP 22w 3d	11/05/1970 DTaP 6m 4w	01/04/1972 DTaP 20m 4w	02/28/1975 DTaP 4y 10m	02/01/1990 Td (>= 7 yrs.) 19y 9m	05/06/2010 Tdap 40y 1m	05/06/2020 TD (>= 7 YRS.)
Hib 0 Event/s								Not generally recommended at/after 5 years
Pediatric Pneumococcal 0 Event/s								Not recommended - refer to Adult Pneumococcal
Polio 5 Event/s	05/25/1970 OPV 7w 0d	09/10/1970 OPV 22w 3d	11/05/1970 OPV 6m 4w	01/04/1972 OPV 20m 4w	02/28/1975 OPV 4y 10m			Completed Vaccine Series
MMR 2 Event/s	03/06/1991 MMR 20y 11m	05/05/2010 MMR 40y 1m						MMR (measles, mumps, rubella) immunity is required. Two doses of MMR vaccine is one way to demonstrate immunity.
Varicella 0 Event/s								DUE NOW VARICELLA
HepA 0 Event/s								Recommended for high risk groups
Meningococcal 0 Event/s								Recommended. for high risk groups
Human Papillomavirus 0 Event/s								Not generally recommended at/after 27 yrs
Adult Pneumococcal 0 Event/s								Recommended for high risk groups
H1N1 Influenza 1 Event/s	05/05/2010 H1N1-09, injectable 40y 1m							Completed Vaccine Series
Other Vaccines Other 0 Event/s								

MMR 2 Event/s

MMR (measles, mumps, rubella) immunity is required. Two doses of MMR vaccine is one way to demonstrate immunity.

Meningococcal 0 Event/s

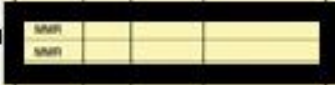
Meningococcal vaccine is not required. It is optional. However, you must complete a form stating whether, or not you have had this vaccine at age 16 or older.

Health History	Specialist	Emergency Phone Numbers	Date Age Weight Height
	Doctor	Police Control 1-800-222-1222	
		Hospital	
		Doctor's Office	
		Police	
		Fire	
	Center		
Allergies	Other Immunizations		
	Shot Date Physician		

Name		Date of Birth	
Shot	Date	Patient Age	Physician
Hep B			
Hep B			
Hep B			
DTaP			
DTaP			
DTaP			
DTaP			
DTaP			
DTaP			
Rota (RV)			
Rota (RV)			
Rota (RV)			
HB			
HB			
HB			
HB			
IPV			
IPV			
IPV			
IPV			
PCV			
PCV			
PCV			
MMR			
MMR			
Influenza			
Varicella			
Varicella			
Hep A			
Hep A			

Outside

MMR (measles, mumps, rubella) immunity is required. Two doses of MMR vaccine is one way to demonstrate Immunity.



Inside

Shot	Protects against
Hep A & B	Hepatitis A & B - liver damage
DTaP	Diphtheria - breathing problems Tetanus - muscle spasms Pertussis - whooping cough
Rota	Rotavirus - Protects against severe diarrhea
HB	Haemophilus influenzae B - brain infection and brain damage
IPV	Poli
PCV	Ear infections and bacterial meningitis
MMR	Measles, Mumps and Rubella
Influenza	Protects against the flu
Varicella	Chicken pox

Vaccine Administration Record for Children and Teens

Patient name: [REDACTED]

Birthdate: [REDACTED]

Chart number: [REDACTED]

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine ¹	Date given (mo/day/yr)	Funding Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁴ (signature or initials & title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Measles, Mumps, Rubella ⁴ (e.g., MMR, MMRV) Give SC. ⁷	MMR	1/15/1993	P	LA					
	MMR	10/15/2003	P	LA					
Varicella ⁴ (e.g., VAR, MMRV) Give SC. ⁷	VAR	10/15/2003	P	LA	0799M	MRK	12/16/98	10/15/03	PWS
	VAR	10/15/2007	P	LA	0689M	MRK	1/10/07	10/15/07	JTA
Hepatitis A (HepA) Give IM. ⁷									
Meningococcal (e.g., MCV4; MPSV4) Give MCV4 IM ⁷ and MPSV4 SC. ⁷	MCV4	6/12/2010							
Human papillomavirus (e.g., HPV2, HPV4) Give IM. ⁷	HPV2	12/12/2009	P	LA	033TZ	GJK	2/2/07	12/12/09	TAA
	Cervarix	2/13/2010	P	LA	033TZ	GJK	2/2/07	2/13/10	PWS
	Gardasil	6/12/2010	P	LA	0637E	MRK	2/2/07	6/12/10	DLW

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