CENTRAL DISTRICT HEALTH DEPARTMENT

IMMUNIZATION RECORD

Child's Last Name	First Name	Middle Name	Sex f / m	Birth Date

Parent/Guardian Name	Daytime Phone

Mailing Address

Immunization	Type of Vaccine	Dose	Date Given Month	Day	Year
DTP DTaP (Diphtheria, Tetanus, Pertussis)		1			
		2			
		3			
		4			
		5			
POLIO (OPV by mouth, IPV by injection)		1			
		2			
		3			
		4			
HIB (Haemophilus Influenzae Type b) for pre-kindergarten children only		1			
		2			
		3			
		4			
OTHER					

Immunization	Dose	Date Given Month	Day	Year
MMR (Measles, Mumps, Rubella)	1			
	2			
HEP B (Hepatitis B)	1			
	2			
	3			
	4			
HEP A (Hepatitis A)	1			
	2			
Pneumo-coccal Conjugate	1			
	2			
	3			
	4			
Varicella (Chickenpox)	1			
	2			

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http://cdhd.idaho.gov/ehs/child_immuni_record.pdf