

Immunization Record (Give Dates)

DPT#1 _____

DPT#2 _____

DPT#3 _____

DPT Booster: _____

Polio #1 _____

Polio #2 _____

Polio #3 _____

Polio Booster: _____

MMR: _____

TB: _____

HIB: _____

Hepatitis B: _____

Varicella: _____

Pneumococcal Conjugate: _____

Influenza: _____

Other- specify: _____

Remarks: _____

Signature of Doctor: _____

Date: _____

In your opinion, is the child well enough to attend school? _____