



Immunizations

Program Year: _____

Center: _____

Classroom: _____

Immunizations: Record, determine next, and provide child's immunization per the schedule on back.

CHILD'S NAME Entry Date/Departure Date	Date of Birth	IMMUNIZATIONS																											
		DTaP					Polio (IPV)				HIB				Hep B			MMR		PCV				Var	Hep A		Other		
		1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	1	2	1	2	3	4		1	2			
1																													
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