

IMMUNIZATION HISTORY

Name _____ Date of Birth _____

Enter the date an immunization was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all child care facilities to have this information on file.

Enter date of each dose – Month/Day/Year

VACCINE	#1	#2	#3	#4	#5
*DTP/DT (circle which)					
*Polio					XXXXXXXXXX
**Hib					XXXXXXXXXX
***Hepatitis B				XXXXXXXXXX	XXXXXXXXXX
*MMR (combined doses)			XXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX XXXXXXXXXX
****Combined Pox					
OTHER					
OTHER					

*Required by State Law.

**Required by State law for children born on or after 10/1/88.

***Required by State law for children born on or after 7/1/94.

****Required by State law for children born on or after 4/1/01.

Records Updated by:	Date Updated:

