

Enrolled Child's
 Last Name: _____
 Parent/Guardian's
 Last Name: _____

HISTORY OF IMMUNIZATIONS AND TESTS

(Indicate Month/Day/Year)

	1	2	3	4	5
DTaP/DTP/DT/Td					

	1	2	3	4
Polio				

	1	2	3	4
		2	3	
HIB				

	1	2	3
Hepatitis B			

	1	2
Measles		
Mumps		
Rubella		

	1	2	3	4
PCV7 (Prevnar)				

	1
Varicella	

NOTE: To be considered adequately immunized a child 24 months through 59 months of age should have received 4 doses of DTaP/DTP/DT/Td, 3 doses of Polio, 1 dose of Measles Mumps and Rubella (MMR) given after the first birthday and 3 doses of Hib Vaccine. Any child 60 months of age or older should receive a 5th dose of DTaP/DTP/DT/Td, a 4th dose of Polio, a 2nd dose of Measles (usually given as an MMR) and 3 doses of Hepatitis B vaccine.

Name of Physician Completing Form: _____ Phone _____
 (please print)

Physician's Signature _____

ADDITIONAL NOTES AND INSTRUCTIONS
