

Child and Teen Immunization Record

Always carry this record with you and have your healthcare professional or clinic keep it up to date.

Last name

First name

M.I.

Birthdate:

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(mo.)

(day)

(yr.)

Patient

Number:

Immunization Action Coalition • Saint Paul, Minn. • www.immunize.org
To order additional record cards, visit www.immunize.org/shop • Item #R2003 (10/18)

Medical notes (e.g., allergies, vaccine reactions):

Healthcare provider: List the mo/day/yr for each vaccination given. Record the generic abbreviation (e.g., PCV13, DTaP-HepB-IPV) or the trade name. For combination vaccines, fill in a row for each separate antigen in the combination.

Vaccine	Type of vaccine	Date given mo/day/yr	Healthcare professional or clinic name	Date next dose due
Hepatitis B Engerix-B, Recombi- vax HB, Heplisav-B, Hib-HepB, DTaP-HepB-IPV, HepA-HepB				
Diphtheria, Tetanus, Pertussis (whooping cough) DTaP, DTP, DT, Tdap, Td, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, DTaP/Hib				
Influenza IIV, RIV, LAIV				

To learn more about vaccines, visit www.vaccineinformation.org and www.immunize.org