**Child/Youth Immunization Record**

**CHILD'S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DCBS Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **REQUIRED IMMUNIZATIONS:**  **Diptheria, Tetanus, Pertussis** #1\_\_\_/\_\_\_/\_\_\_ #2\_\_\_/\_\_\_/\_\_\_ #3\_\_\_/\_\_\_/\_\_\_ #4\_\_\_/\_\_\_/\_\_\_ #5\_\_\_/\_\_\_/\_\_\_  **Polio Vaccines** #1\_\_\_/\_\_\_/\_\_\_ #2\_\_\_/\_\_\_/\_\_\_ #3\_\_\_/\_\_\_/\_\_\_ #4\_\_\_/\_\_\_/\_\_\_  **Measles, Mumps, Rubella (MMR)** #1\_\_\_/\_\_\_/\_\_\_ #2\_\_\_/\_\_\_/\_\_\_ Other\_\_\_/\_\_\_/\_\_\_ Other\_\_\_/\_\_\_/\_\_\_  **Haemophilus influenzae, type b**  #1\_\_\_/\_\_\_/\_\_\_ #2\_\_\_/\_\_\_/\_\_\_ #3\_\_\_/\_\_\_/\_\_\_ #4\_\_\_/\_\_\_/\_\_\_    **Hepatitus**  #1\_\_\_/\_\_\_/\_\_\_ #2\_\_\_/\_\_\_/\_\_\_ or#1\_\_\_/\_\_\_/\_\_\_ #2\_\_\_/\_\_\_/\_\_\_ (adult dose)  **Varicella** #1\_\_\_/\_\_\_/\_\_\_ or child has had chickenpox disease (X)\_\_\_\_\_\_\_\_\_\_ |
| **RECOMMENDED IMMUNIZATIONS:**  **Rotavirus** #1\_\_\_/\_\_\_/\_\_\_ #2\_\_\_/\_\_\_/\_\_\_ #3\_\_\_/\_\_\_/\_\_\_  **Pneumococcal (PCV)** #1\_\_\_/\_\_\_/\_\_\_ #2\_\_\_/\_\_\_/\_\_\_ #3\_\_\_/\_\_\_/\_\_\_ #4\_\_\_/\_\_\_/\_\_\_  **Human Papillomavirus(HPV)**  #1\_\_\_/\_\_\_/\_\_\_ #2\_\_\_/\_\_\_/\_\_\_ #3\_\_\_/\_\_\_/\_\_\_  **Hepatitus A** #1\_\_\_/\_\_\_/\_\_\_ #2\_\_\_/\_\_\_/\_\_\_  **Meningococcal** #1\_\_\_/\_\_\_/\_\_\_  **Influenza** #1\_\_\_/\_\_\_/\_\_\_ #2\_\_\_/\_\_\_/\_\_\_ #3\_\_\_/\_\_\_/\_\_\_ #4\_\_\_/\_\_\_/\_\_\_ #5\_\_\_/\_\_\_/\_\_\_ |

**Child is current for immunizations until \_\_\_/\_\_\_/\_\_\_ Medical Provider’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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* **For a summary of Recommendations for Childhood and Adolescent Immunizations, please refer to the Center for Disease Control at** <http://www.cdc.gov/vaccines/recs/schedules/default.htm>.
* **Additional information can be obtained by contacting the DPP Medical Support Section at (502)564-6852.**