**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.**