

IMMUNIZATION HISTORY

Name: _____ Date of Birth _____

Enter the date and immunization 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 each date of dose. Month/Date/Year

VACCINE	#1	#2	#3	#4	#5
*DTP / DT (circle which)					
*POLIO					
**HIB					
***HEPATITIS B					
*MMR (combined doses)					
Other _____					
Other _____					

* Required by State Law

** Required by State Law for children born on or after 10/01/88

*** Required by State Law for children born on or after 07/01/94

[illegible]