

# Infant Immunization Schedule Template

## Patient Information

Name	Date of Birth
Medical Record Number	Parent/Guardian

## Immunization Schedule

Vaccine	1st Dose	2nd Dose	3rd Dose	4th Dose	Other/Booster	Notes
Hepatitis B						
Rotavirus						
DTP/DTaP						
Hib						
Polio (IPV)						
Pneumococcal (PCV)						
Influenza						
MMR						
Varicella						
Hepatitis A						

### Notes:

- This template is for documentation purposes only. Please refer to the latest immunization guidelines for recommended schedules.
- Record dates as DD/MM/YYYY.
- Additional vaccines and boosters may be needed as per individual requirements.