

Preschool Immunization Documentation Sample

Child Information

Child's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Contact Number: _____

Address: _____

Immunization Record

Vaccine	Date Given	Lot/Batch Number	Provider/Clinic	Initials
DTP/DTaP				
Polio (OPV/IPV)				
MMR				
Hepatitis B				
HIB				
Varicella				
Pneumococcal				
Other				

Additional Notes

Signature of Provider: _____

Date: _____