

# Child Vaccination Compliance Checklist

Child Name:  Date of Birth:

Parent/Guardian:  Physician:

## Vaccination Schedule

Vaccine	Dose	Date Due	Date Received	Compliant
DTP (Diphtheria, Tetanus, Pertussis)	1st			<input type="checkbox"/>
DTP (Diphtheria, Tetanus, Pertussis)	2nd			<input type="checkbox"/>
Polio (IPV)	1st			<input type="checkbox"/>
Polio (IPV)	2nd			<input type="checkbox"/>
MMR (Measles, Mumps, Rubella)	1st			<input type="checkbox"/>
MMR (Measles, Mumps, Rubella)	2nd			<input type="checkbox"/>
Hepatitis B	1st			<input type="checkbox"/>
Hepatitis B	2nd			<input type="checkbox"/>
Varicella (Chickenpox)	1st			<input type="checkbox"/>
Other				<input type="checkbox"/>

## Notes

Additional notes...

## Reviewed by

Name:  Date: