Childhood Immunization Tracking Record

Child Information

Full Name:

Date of Birth:

Gender:

Record Number:

Parent/Guardian:

Phone:

Address:

Immunization Record

Vaccine	Date Given	Lot Number	Provider/Clinic	Next Dose Due
Hepatitis B (HepB)				
DTP/DTaP/DT/Td				
Polio (IPV/OPV)				
Haemophilus influenzae type b (Hib)				
Pneumococcal (PCV)				
Rotavirus				
MMR				
Varicella				
Hepatitis A				
Influenza				
Other				

Notes: