Influenza Vaccine (flu)

Date Given	Physician/Clinic	Next Due Date

Pneumococcal Polysaccharide (PPV)

Date Given	Physician/Clinic	Next Due Date

Allergies/Vaccine Reactions: _____

Other Vaccines

Vaccine	Date Given	Physician/Clinic	Next Due Date

TB Skin Test

Date Given	Physician/Clinic	Date Read	Reaction
			mm
			mm
			mm
			mm

You will need this lifetime immunization record for child care, school, camp, college, the military, travel, employment, or long-term care facilities. If you have questions or concerns about immunizations, talk to your health care provider or visit the Washington State Department of Health web site at *www.doh.wa.gov/cfh/immunize*

CHILD PROFILE

Washington State Department of Health

DOH 348-001
Item#325-0073
Rev 05/05

Official Washington State Lifetime Immunization Record

Name: _____

Birth Date: _____

Present this record to your doctor or nurse at each visit.

Hepatitis B (Hep B)

Dose #	Date Given	Physician/Clinic	Next Due Date
1			
2			
3			

Diphtheria, Tetanus, Pertussis (DTaP)

Dose #	Date Given	Physician/Clinic	Next Due Date
1			
2			
3			
4			
5			

Td or TdaP Booster

		❑ Td ❑ TdaP	
		❑ Td ❑ TdaP	
		❑ Td ❑ TdaP	
		❑ Td ❑ TdaP	
		❑ Td ❑ TdaP	
		❑ Td ❑ TdaP	
		❑ Td ❑ TdaP	
		❑ Td ❑ TdaP	

Haemophilus influenzae type b (Hib)

Dose #	Date Given	Physician/Clinic	Next Due Date
1			
2			
3			
4			

Polio (IPV or OPV)

Dose #	Date Given	IPV	OPV	Physician/Clinic	Next Due Date
1					
2					
3					
4					

Pneumococcal Conjugate (PCV7)

Dose #	Date Given	Physician/Clinic	Next Due Date
1			
2			
3			
4			

Measles, Mumps, Rubella (MMR)

Type of Vaccine	Dose #	Date Given	Physician/Clinic	Next Due Date
MMR	1			
MMR	2			
MMR				
Measles				
Mumps				
Rubella				

Varicella (chickenpox)

Dose #	Date Given	Physician/Clinic	Next Due Date
1			

History of Chickenpox - Date:

Hepatitis A (Hep A)

Dose #	Date Given	Physician/Clinic	Next Due Date
1			
2			

Meningococcal (MCV4 or MPV)

Date Given	MCV4	MPV	Physician/Clinic	Next Due Date

Washington State Department of Health

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