



LIFETIME IMMUNIZATION RECORD

The date each dose was given and the doctor's name or health department stamp are required as proof of immunization. This card can be used to prove that the patient has received all necessary immunizations to enter child care facilities, school or a NC college/ university or meet employer requirements.

CHILD'S NAME:

LAST FIRST MI

BIRTHDATE: / / CHILD'S SEX:
 MONTH DAY YEAR

PATIENT NUMBER:

PARENT OR LEGAL GUARDIAN'S NAME:

CHILD'S ADDRESS:

ALLERGIES OR MEDICAL NOTES

Vaccine	Type of Vaccine	Date Given		Administered By	Next Dose Due		
		Mo.	Day		Yr.	Mo.	Day
Hepatitis B Engerix-B, Recombivax HB, Hepisav-B, Hib-HepB, D Tap-HepB-IPV, HepA-HepB							
Diphtheria, Tetanus, Pertussis (whooping cough) D Tap, DTP, DT, Tdap, Td, D Tap-HepB-IPV, D Tap-IPV-Hib, D Tap-IPV, D Tap-Hib							
Influenza IV, RIV, LAIV							

CHILD'S NAME: LAST FIRST MI DOB: / / / /

Vaccine	Type of Vaccine	Date Given		Administered By	Next Dose Due	
		Mo.	Day		Mo.	Day
Measles, Mumps, Rubella MMR, MMRV						
Varicella (chickenpox) Var, MMRV						
Hepatitis A Hep A, If Combination: HepA-HepB						
Mening-ACWY MenACWY, MCV4, Menactra, Menveo						
Mening-B MenB Bexsero (MenB-4C), Trumenba (MenB-FHbp)						
Human Papillomavirus HPV						
Other						

Vaccine	Type of Vaccine	Date Given		Administered By	Next Dose Due	
		Mo.	Day		Mo.	Day
H. Influenzae Type B Hib, Hib-HepB, DTap-IPV-Hib, DTap-Hib						
Polio IPV, OPV, DTap-HepB-IPV, D Tap-IPV-HIB, DTap-IPV						
Pneumococcal Pneumovax 23 (PPSV23), Prevnar 13 (PCV13)						
Rotavirus RotaTeq (RV5), Rotarix (RV1), Unknown (RV)						