Revised 3-03

Immunization History

Name: _____ **Date of Birth:** _____

Enter the date an immunization was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all child care facilities to have this information on file.

Enter date of each dose - Month/Day/Year

VACCINE	#1	#2	#3	#4	#5
*DTP / DT (circle which)					
*Polio					
**Hib					
***Hepatitis B					
*MMR (combined doses)					
****Chicken Pox					
OTHER					
OTHER					

*Required by State law.
**Required by State law for children born on or after 10/1/88.
***Required by State law for children born on or after 7/1/94.
****Required by State law for children born on or after 4/1/01.

Records Updated by:	Date Updated: