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 childcare 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 Vaccine/ Illness					
OTHER					

*Required by State law.
**Required by State law for children born on or after 10/01/88.
***Required by State law for children born on or after 07/01/94.
****Required by State law for children born on or after 04/01/01.

Records Updated by:	Date Updated: