

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
*DTaP/DTP/DT (circle one)					
*Polio					
*Hib					
*Hepatitis B					
*MMR					
*Varicella/Chicken Pox					
**Pneumococcal Conjugate (PCV)					
Rotavirus					
Hepatitis A					
Flu					
***Meningococcal conjugate vaccine (MCV)					
Other					

*Required by state law.

**Required by state law for children born on or after 7/1/2015.

***One dose is required for individuals entering 7th grade or by 12 years of age, whichever comes first.

Records Updated by:	Date