Revised 7-09

# 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, however the requirement for the booster dose, #4, is temporarily suspended.
***Required by State law for children born on or after 4/1/01.

| Records Updated by: | Date Updated: |
|---|---|
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