

## 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
<b>*DTP/DT (Circle which)</b>					
<b>*Polio</b>					
<b>**Hib</b>					
<b>***Hepatitis B</b>					
<b>*MMR (combined doses)</b>					
<b>****Chicken Pox</b>					
<b>Other</b>					
<b>Other</b>					

**\*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:

Physicians Signature \_\_\_\_\_ Date \_\_\_\_\_