

# 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					
*POLIO					
**HIB					
*** HEPATITIS B					
*MMR					
**** CHICKEN POX					
PCV 7 (PREVNAR):					
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.

**A copy of your child's shot record is also acceptable!**