

# CERTIFICATE OF IMMUNIZATION

Name: \_\_\_\_\_

Date of Birth:     /     /

Gender: \_\_\_\_\_

Please indicate vaccine type (e.g., DTaP-Hib, etc.), not brand name.

Vaccine		Date	Vaccine Type	Vaccine		Date	Vaccine Type
<b>Hepatitis B</b> (e.g., HepB, Hep B-CpG, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	1			<b>Measles, Mumps, Rubella</b> (e.g., MMR, MMRV)	1		
	2				2		
	3			<b>Varicella</b> (Var, MMRV)	1		
	4				2		
<b>Diphtheria, Tetanus, Pertussis</b> (e.g., DTP, DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, Td, Tdap)	1			<b>Meningococcal Quadrivalent</b> MenACWY-Conjugate (MCV4) or Polysaccharide (MPSV4)	1		
	2				2		
	3			<b>Meningococcal Serogroup B (Men B)</b> MenB-FHbp (Trumenba) MenB-4C (Bexsero)	1		
	4				2		
	5				3		
	6			<b>Seasonal Influenza</b> Inactivated (e.g., IIV4, RIV4, cclIV4, IIV3, IIV3-HD, allIV3, RIV3, IIV4-ID)  Live Attenuated (e.g., LAIV, LAIV4)	1		
	7				2		
	8				3		
<b>Haemophilus influenzae type b</b> (e.g., Hib, HepB-Hib, DTaP-Hib, DTaP-IPV/Hib, Hib-MenCY)	1				4		
	2				5		
	3				6		
	4				7		
<b>Polio</b> (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV)	1			<b>2009 H1N1 Influenza</b> Inactivated or Live	1		
	2				2		
	3			<b>Pneumococcal Polysaccharide</b> (PPSV23)	1		
	4				2		
	5				<b>Hepatitis A</b> (HepA, HepA-HepB)	1	
			2				
<b>Pneumococcal Conjugate</b> (PCV13, PCV7)	1			<b>Human Papillomavirus</b> (9vHPV, 4vHPV, 2vHPV)	1		
	2				2		
	3				3		
	4						
<b>Rotavirus</b> (e.g., RV5: 3-dose series, RV1: 2-dose series)	1			<b>Zoster (Shingles)</b>  (RZV [Shingrix], ZVL [Zostavax])	1		
	2				2		
	3				3		

Please see next page ➡

