

VACCINE	DATE GIVEN	DOCTOR OFFICE OR CLINIC	DATE NEXT DOSE DUE
PNEUMOCOCCAL	1	<input type="checkbox"/> PCV <input type="checkbox"/> PPV	
	2	<input type="checkbox"/> PCV <input type="checkbox"/> PPV	
	3	<input type="checkbox"/> PCV <input type="checkbox"/> PPV	
	4	<input type="checkbox"/> PCV <input type="checkbox"/> PPV	
MENINGOCOCCAL (meningitis)		<input type="checkbox"/> MCV <input type="checkbox"/> MPV	
		<input type="checkbox"/> MCV <input type="checkbox"/> MPV	
INFLUENZA		<input type="checkbox"/> Shot <input type="checkbox"/> N. Spray	
		<input type="checkbox"/> Shot <input type="checkbox"/> N. Spray	
		<input type="checkbox"/> Shot <input type="checkbox"/> N. Spray	

TB SKIN TESTS*	Type**	Date given	Given by	Date read	Read by	mm indur	Interpretation
Pruebas de la Tuberculosis	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other_____	/ /		/ /			<input type="checkbox"/> Pos <input type="checkbox"/> Neg
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other_____	/ /		/ /			<input type="checkbox"/> Pos <input type="checkbox"/> Neg
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other_____	/ /		/ /			<input type="checkbox"/> Pos <input type="checkbox"/> Neg

* A chest x-ray may be indicated if skin test is positive.

** If required for school entry, must be Mantoux unless exception granted by local health department.

CHEST X-RAY [Radiografía] (Necessary if skin test positive.)	Film date: ____/____/____ Interpretation: <input type="checkbox"/> normal <input type="checkbox"/> abnormal Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no
	Signature/Agency: _____

Parents: Your child must meet California's immunization requirements to be enrolled in school and child care. Keep this Record as proof of immunization.

Padres: Su niño debe cumplir con los requisitos de vacunas para asistir a la escuela y a la guardería. Mantenga este Comprobante: lo necesitará.

IMMUNIZATION RECORD

Comprobante de Inmunización



Name
nombre

Birthdate
fecha de nacimiento

Allergies
alergias

Vaccine Reactions
reacciones a cualquier vacuna

RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO

Name	Sex	Birthdate		
VACCINE <i>vacuna</i>	DATE GIVEN <i>fecha de vacunación</i>	DOCTOR OFFICE OR CLINIC <i>médico o clínica</i>		DATE NEXT DOSE DUE <i>próxima vacuna</i>
POLIO	1	<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
	2	<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
	3	<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
	4	<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
DTaP Tdap Td DT	1	<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td		
	2	<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td		
	3	<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td		
	4	<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td		
	5	<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td		
	6	<input type="checkbox"/> Tdap <input type="checkbox"/> Td		
HIB	1			
	2			
	3			
	4			
HEPATITIS B	1			
	2			
	3			
MMR	1			
	2			
VARICELLA (chickenpox)				
<input type="checkbox"/> Had disease				
HEPATITIS A	1			
	2			

PROVIDERS: If using combination vaccines, remember to record dose in all appropriate spaces.

DT/Td = diphtheria, tetanus [*difteria, tétano*]

DTaP/Tdap = diphtheria, tetanus, and pertussis (whooping cough) [*difteria, tétano, y tos ferina*]

HIB = Hib meningitis (*Haemophilus influenzae* type b) [*meningitis Hib*]

IPV = inactivated polio vaccine [*vacuna antipoliomielítica inactivada*]

MCV = meningococcal conjugate vaccine [*vacuna meningocócica conjugada*]

MMR = measles, mumps, rubella [*sarampión, paperas y rubéola (sarampión alemán)*]

MPV = meningococcal polysaccharide vaccine [*vacuna meningocócica polisacárida*]

N. Spray = nasal spray influenza vaccine (LAIV) [*vacuna intranasal viva contra la influenza*]

OPV = oral polio vaccine [*vacuna oral contra la polio*]

PCV = pneumococcal conjugate vaccine [*vacuna neumocócica conjugada*]

PPV = pneumococcal polysaccharide vaccine [*vacuna polisacárida contra el neumococo*]