

# 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: