

# 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, allV3, 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>Pneumococcal Conjugate</b> (PCV13, PCV7)	1		<b>Hepatitis A</b> (HepA, HepA-HepB)	1	
	2			2	
	3		<b>Human Papillomavirus</b> (9vHPV, 4vHPV, 2vHPV)	1	
	4			2	
<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 ➡

