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)					
OTHER _____					
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.

Records Updated by:	Date Updated: