

HEPATITIS B

1.	Date Received	Doctor or Clinic
2.	Date Received	Doctor or Clinic
3.	Date Received	Doctor or Clinic
4.	Date Received	Doctor or Clinic

DIPHtheria, Tetanus and ACEllular Pertussis*

1.	Date Received	Doctor or Clinic
2.	Date Received	Doctor or Clinic
3.	Date Received	Doctor or Clinic
4.	Date Received	Doctor or Clinic

H. INFLUENZAe TYPE B

1.	Date Received	Doctor or Clinic
2.	Date Received	Doctor or Clinic
3.	Date Received	Doctor or Clinic
4.	Date Received	Doctor or Clinic

Immunization Record

PNEUMOCOCCAL CONJUGATE

1.	Date Received	Doctor or Clinic
2.	Date Received	Doctor or Clinic
3.	Date Received	Doctor or Clinic
4.	Date Received	Doctor or Clinic

POLIO*

1.	Date Received	Doctor or Clinic
2.	Date Received	Doctor or Clinic
3.	Date Received	Doctor or Clinic

MEASLES, MUMPS AND RUBELLA*

1.	Date Received	Doctor or Clinic
1.	Date Received	Doctor or Clinic

VARICELLA*

1.	Date Received	Doctor or Clinic
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ROTAVIRUS

1.	Date Received	Doctor or Clinic
2.	Date Received	Doctor or Clinic
3.	Date Received	Doctor or Clinic

INFLUENZA*

1.	Date Received	Doctor or Clinic
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HEPATITIS A

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ALLERGIES



THIS CARD IS MADE WITH RECYCLED PAPER. 20% Recycled Fiber

BIM 234

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*Additional vaccines recommended after the age of 2.