

## Immunization Record:

	# 1	# 2	# 3	# 4	# 5
<b>DTP/DTaP</b>					
<b>HIB</b>					
<b>Opv/Ipv</b>					
<b>Hep B</b>					
<b>Hep A</b>					
<b>MMR</b>					
<b>Varicella</b>					
<b>Prevnar</b>					
<b>Tetanus</b>					
<b>Influenza</b>			<b>Other</b>		

### FINDINGS, TREATMENTS, AND RECOMMENDATIONS

MEDICAL FINDINGS / DIAGNOSIS	TREATMENT PLAN	RECOMMENDED FOLLOW-UP OR RESULTS
1.		
2.		
3.		

### CLINIC APPOINTMENTS & REFERRALS:

Clinic / Tests	Date	Time	Doctor
1.			
2.			
3.			

MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_