

**Immunization Record:**

	#1	#2	#3	#4	#5
DTP/DTaP					
HIB					
Opv/Ipv					
HEP B					
HEP A					
MMR					
Varicella					
Prevnar					
Tetanus					
Influenza					
OTHER:					

**FINDINGS, TREATMENT, AND RECOMMENDATIONS**

Medical Findings/	Treatment Plan	Recommended Follows-up or results
1.		
2.		
3.		

**CLINICAL APPOINTMENTS & REFERRALS:**

Clinic/ Tests	Date	Time	Doctor

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