

APPENDIX A IMMUNIZATION TRACKING TOOL

IMMUNIZATION TRACKING TOOL

USE THIS FORM TO KEEP TRACK OF A CHILD'S IMMUNIZATION DATES

Review records at enrollment and at least annually

CHILD'S NAME: _____ DATE OF ENROLLMENT _____

BIRTH DATE	2 MONTH DATE	4 MONTH DATE	6 MONTH DATE	12-14 MO DATE	15-18 MO DATE	4-6 YR DATE

★ HepB 1 DATE	★ HepB 2 DATE	★ HepB 3 DATE				
	★ DTaP 1 DATE	★ DTaP 2 DATE	★ DTaP 3 DATE	★ DTaP 4 DATE	☆ DTaP 5 DATE	
	★ Polio 1 DATE	★ Polio 2 DATE	★ Polio 3 DATE		☆ Polio 4 DATE	
	★ Hib 1 DATE	★ Hib 2 DATE	★ Hib 3 DATE	★ Hib 4* DATE		
	PCV 1 DATE	PCV 2 DATE	PCV 3 DATE	PCV 4 DATE		
	ROTA 1 DATE	ROTA 2 DATE	ROTA 3 DATE			

★ Required for enrollment in child care

☆ Recommended at age 4-6; required for school/kindergarten entry

*Sometimes only 3 doses of Hib are given, but the final or booster dose should be given at age 12 to 15 months.

**if a child has had Varicella (chicken pox), s/he will not need the vaccine, but the child's doctor must provide laboratory proof of immunity.

★ MMR 1 DATE	☆ MMR 2 DATE
★ VAR 1** DATE	☆ VAR 2** DATE
HepA 1 DATE	HepA 2 DATE

EVERY FALL: INFLUENZA VACCINE-6 MONTHS & OLDER					
DATE	DATE	DATE	DATE	DATE	DATE