

Immunization Tracking Tool

USE THIS FORM TO KEEP TRACK OF A CHILD'S IMMUNIZATION DATE
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 Month Date	15-18 Month Date	4-6 yr preK	Grade 7
Hep B #1 ★	Hep B #2 ★		Hep B #3 ★				
	DTap #1 ★	DTap #2 ★	DTap #3 ★		DTap #4 ★	DTap #5 ★	Tdap #1 ★
	Polio/IPV #1 ★	Polio/IPV #2 ★	Polio/IPV #3 ★			Polio/IPV #4 ★	
	HIB #1 ★	HIB #2 ★	HIB #3 ★	HIB #4 ★			
	PCV #1	PCV #2	PCV #3	PCV #4			
	ROTA #1	ROTA #2	ROTA #3	Hep A #1	Hep A #2		
				MMR #1 ★		MMR #2 ★	



Required for enrollment in School. Other vaccines are recommended by ACIP and AAP.

VAR #1 ★		VAR #2 ★
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Please refer to NH School Imm. Requirements for further guidance

Every Fall: Influenza Vaccine – 6 months and older

Date _____ Date _____ Date _____ Date _____ Date _____ Date _____ Date _____ Date _____