IMMUNIZATION RECORD

*Comprobante de Inmunización*

Registry ID Number

# Name

nombre

# Birthdate

fecha de nacimiento

# Allergies

alergias

# Vaccine Reactions

**Sex**

sexo

reacciones a la vacuna

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VACCINE**  *vacuna* | **DATE GIVEN**  *fecha de vacunación* | | **DOCTOR OFFICE OR CLINIC**  *médico o clínica* | | | | **DO** | **NEXT SE DUE**  *próxima vacuna* |
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|  | TB SKIN TESTS\* | | | Pruebas de la Tuberculosis | | |  |  |
| Type\*\* | Date given | Given by | | Date read | Read by | mm/indur | | Impression |
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| \* A chest x-ray may be indicated if skin test is positive.  \*\* If required for school entry, must be Mantoux unless exception granted by local health department. | | | | | | | | |
| CHEST X-RAY Film date: / / Interpretation: normal abnormal [Radiografiá] Person is free of communicable tuberculosis yes no (Necessary if  skin test positive.)  Signature/Agency: | | | | | | | | |

RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO

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| **VACCINE**  *vacuna* | **DATE GIVEN**  *fecha de vacunación* | **DOCTOR OFFICE OR CLINIC**  *médico o clínica* | **NEXT DOSE DUE**  *próxima vacuna* |
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| Parents: Your child must meet California’s immunization requirements to be enrolled in school and child care. Keep this Record as proof of immunization.  Padres: Su niño debe cumplir con los requisitos de vacunas para asistir a la escuela y a la guardería. Mantenga este Comprobante: lo necesitará. | | | |
| **DT/Td** = Diphtheria, tetanus *[difteria, tétano]*  **DTaP/Tdap** = Diphtheria, tetanus, and pertussis (whooping cough) *[difteria, tétano, y tos ferina]*  **DTP** = Diphtheria, tetanus, pertussis (whooping cough) *[difteria, tétano, y tos ferina]*  **HEP A** = Hepatitis A  **HEP B** = Hepatitis B  **HIB** = Hib meningitis ( *Haemophilus influenzae* type b) *[meningitis Hib]*  **HPV** *=* Human papillomavirus *[virus del papiloma humano]*  **INFV** = Influenza *[la gripe]*  **MCV** = Meningococcal conjugate vaccine *[vacuna meningocócia conjugada]*  **MMR** = Measles, mumps, rubella *[sarampión, paperas y rubéola (sarampión alemán)]* **MPV** = Meningococcal polysaccharide vaccine *[vacuna meningocócia polisacárida]* **PNEUMO** = Pneumococcal vaccine *[neumocócica]*  **POLIO** = Poliomyelitis *[poliomielitis]*  **RV** *=* Rotavirus *[rotavirus]*  **VZV** = Varicella (chickenpox) *[varicela]* | | | |

PM 298 F2 (8/08) IMM-75LK