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 ifskin 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