

# Child Immunization Flow Sheet

**PUT PREVENTION  
INTO PRACTICE**

Name \_\_\_\_\_  
D.O.B. \_\_\_\_\_  
No. \_\_\_\_\_

Disease(s)	Vaccine Type	Vaccine Name	Recommended Age	Date Given	Age Given	Manufacturer	Lot Number	Site	Signature of Person Giving Vaccine	Handout Pub. Date	Signature of Parent or Guardian in response to Informed Consent Statement	Informed Consent Statement
Diphtheria Tetanus Pertussis	DTaP or DTP		2 mos.									"I have been given a copy of, and have read or have had explained to me, information about each of the diseases and the vaccines listed at left. I have had a chance to ask questions, and they were answered to my satisfaction. I believe I understand the benefits and risks of each vaccine and ask that they be given to the minor named above (for whom I am authorized to make this request)."
	DTaP or DTP		4 mos.									
	DTaP or DTP		6 mos.									
	DTaP or DTP ❶		15-18 mos.									
	DTaP or DTP		4-6 yrs.									
	Td ❷		11-16 yrs.									
<i>Haemophilus influenzae</i> type b	Hib #1		2 mos.									
	Hib #2		4 mos.									
	Hib #3 ❸		6 mos.									
	Hib #4		12-15 mos.									
- - - OR - - -												
Combined vaccine DTP/Hib	DTP/Hib #1		2 mos.									
	DTP/Hib #2		4 mos.									
	DTP/Hib #3		6 mos.									
	DTP/Hib #4		12-15 mos.									
Polio ❹  Choose one: • IPV x 2 & OPV x 2 • IPV x 4 • OPV x 4	IPV or OPV		2 mos.									
	IPV or OPV		4 mos.									
	IPV or OPV		6-18 mos. ❹ (if OPVx4), otherwise 12-18 mos.									
	IPV or OPV		4-6 yrs.									
Measles Mumps Rubella	MMR #1		12-15 mos.									
	MMR #2		4-6 yrs. <b>OR</b> 11-12 yrs.									
Hepatitis B	HBV #1		Birth-2 mos.									
	HBV #2		1-4 mos.									
	HBV #3		6-18 mos.									
Varicella ❺	VZV #1		1-12 yrs. <b>OR</b> ≥ 13 yrs. ❺									
	VZV #2		2nd dose only if ≥ 13 yrs. ❺									

❶-❺: See reverse side of page

