

# IMMUNIZATION RECORD

Comprobante de Inmunización



Registry ID Number

Name  
nombre

Birthdate  
fecha de nacimiento

Sex  
sexo F

Allergies No active medication allergies or reactions; No documented food/non-me allergies

Vaccine Reactions  
reacciones a la vacuna

RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO

| VACCINE<br>vacuna | DATE GIVEN<br>fecha de vacunación | DOCTOR OFFICE OR CLINIC<br>médico o clínica | NEXT DOSE DUE<br>próxima vacuna |
|-------------------|-----------------------------------|---|---------------------------------|
| DTaP              | 11/28/2008                        |   |                                 |
| DTaP              | 01/31/2009                        |   |                                 |
| DTaP              | 04/07/2009                        |   |                                 |
| DTaP              | 08/05/2010                        |   |                                 |
| Tdap              | 12/03/2018                        |   |                                 |
| HepB              | 09/25/2008                        |   |                                 |
| HepB              | 11/28/2008                        |   |                                 |
| HepB              | 01/31/2009                        |   |                                 |
| HepB              | 04/07/2009                        |   |                                 |
| HIB               | 11/28/2008                        |   |                                 |
| HIB               | 01/31/2009                        |   |                                 |
| HIB               | 04/07/2009                        |   |                                 |

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]  
INFLV = Influenza [la gripe]  
MCV = Meningococcal conjugate vaccine [vacuna meningocócica conjugada]  
MMR = Measles, mumps, rubella [sarampión, paperas y rubéola (sarampión alemán)]  
MPV = Meningococcal polysaccharide vaccine [vacuna meningocócica polisacárida]  
PNEUMO = Pneumococcal vaccine [neumocócica]  
POLIO = Poliomyelitis [poliomielitis]  
RV = Rotavirus [rotavirus]  
VZV = Varicella (chickenpox) [varicela]

| VACCINE<br>vacuna | DATE GIVEN<br>fecha de vacunación | DOCTOR OFFICE OR CLINIC<br>médico o clínica | NEXT DOSE DUE<br>próxima vacuna |
|-------------------|-----------------------------------|---|---------------------------------|
| FLU - 3yrs+ pl    | 11/07/2011                        |   |                                 |
| FLU - 3yrs+ pl    | 12/08/2014                        |   |                                 |
| FLU - 3yrs+ p     | 12/22/2014                        |   |                                 |
| FLU-IV4 3yrs      | 12/03/2018                        |   |                                 |
| MEASLES           | 06/29/2010                        |   |                                 |
| RUBELLA           | 06/29/2010                        |   |                                 |
| MEASLES           | 03/20/2015                        |   |                                 |
| Rubella           | 3/24/15                           |   |                                 |
| PCV13             | 11/28/2008                        |   |                                 |
| PCV13             | 01/31/2009                        |   |                                 |
| PCV13             | 04/07/2009                        |   |                                 |
| IPV               | 11/28/2008                        |   |                                 |
| IPV               | 01/31/2009                        |   |                                 |
| IPV               | 04/07/2009                        |   |                                 |
| IPV               | 12/03/2018                        |   |                                 |
| Mumps             | ✓                                 | had disease in Nov 2014                     | } COPY                          |
| Varicella         | ✓                                 | had disease in Sep 2018                     |                                 |
| JAPANESE ENC      | 11/12/2018                        | Naoko Matsumoto MD Inc                      |                                 |

| TB SKIN TESTS* Pruebas de la Tuberculosis |            |          |           |         |          |            |
|---|------------|----------|-----------|---------|----------|------------|
| Type**                                    | Date given | Given by | Date read | Read by | mm/indur | Impression |
|   |            |          |           |         |          |            |

\* 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  
[Radiografía] Person is free of communicable tuberculosis  yes  no  
(Necessary if skin test positive.)

Signature/Agency: \_\_\_\_\_