

VACCINE <i>vacuna</i>	DATE GIVEN <i>fecha de vacunación</i>	DOCTOR OFFICE OR CLINIC <i>médico o clínica</i>		NEXT DOSE DUE <i>próxima vacuna</i>
INFLUENZA		<input type="checkbox"/> TIV <input type="checkbox"/> LAIV		
		<input type="checkbox"/> TIV <input type="checkbox"/> LAIV		
		<input type="checkbox"/> TIV <input type="checkbox"/> LAIV		
		<input type="checkbox"/> TIV <input type="checkbox"/> LAIV		
		<input type="checkbox"/> TIV <input type="checkbox"/> LAIV		
		<input type="checkbox"/> TIV <input type="checkbox"/> LAIV		
HUMAN PAPILLOMAVIRUS (HPV)	1			
	2			
	3			
MENINGOCOCCAL (meningitis)	1	<input type="checkbox"/> MCV <input type="checkbox"/> MPV		
		<input type="checkbox"/> MCV <input type="checkbox"/> MPV		

DT/Td = diphtheria, tetanus [*difteria, tétano*]

DTaP/Tdap = diphtheria, tetanus, and pertussis (whooping cough) [*difteria, tétano, y tos ferina*]

HIB = Hib meningitis (*Haemophilus influenzae* type b) [*meningitis Hib*]

HPV = human papillomavirus [*virus del papiloma humano*]

IPV = inactivated polio vaccine [*vacuna antipoliomielítica inactivada*]

LAIV = nasal spray influenza vaccine [*vacuna intranasal viva contra la influenza*]

MCV = meningococcal conjugate vaccine [*vacuna meningocócica conjugada*]

MMR = measles, mumps, rubella [*sarampión, paperas y rubéola (sarampión alemán)*]

MPV = meningococcal polysaccharide vaccine [*vacuna meningocócica polisacárida*]

OPV = oral polio vaccine [*vacuna oral contra la polio*]

PCV = pneumococcal conjugate vaccine [*vacuna neumocócica conjugada*]

PPV = pneumococcal polysaccharide vaccine [*vacuna polisacárida contra el neumococo*]

RV = rotavirus [*rotavirus*]

TIV = flu shot [*vacuna desactivada contra la influenza*]

TB SKIN TESTS*	Type**	Date given	Given by	Date read	Read by	mm indur	Interpretation
<i>Pruebas de la Tuberculosis</i>	<input type="checkbox"/> PPD-Mantoux	/ /		/ /			<input type="checkbox"/> Pos
	<input type="checkbox"/> Other_____						<input type="checkbox"/> Neg
	<input type="checkbox"/> PPD-Mantoux	/ /		/ /			<input type="checkbox"/> Pos
	<input type="checkbox"/> Other_____						<input type="checkbox"/> Neg
	<input type="checkbox"/> PPD-Mantoux	/ /		/ /			<input type="checkbox"/> Pos
	<input type="checkbox"/> Other_____						<input type="checkbox"/> Neg

* 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.

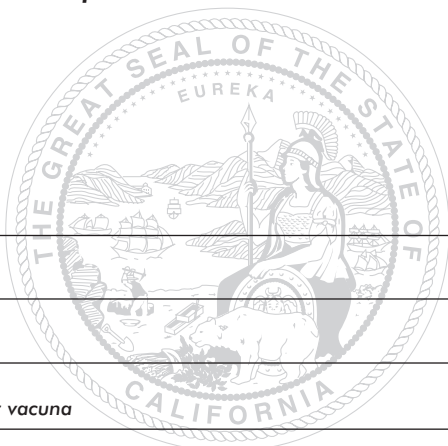
CHEST X-RAY <i>[Radiografía]</i> (Necessary if skin test positive.)	Film date: ____/____/____ Interpretation: <input type="checkbox"/> normal <input type="checkbox"/> abnormal
	Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no
Signature/Agency: _____	

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.

IMMUNIZATION RECORD

Comprobante de Inmunización



Name
nombre

Birthdate
fecha de nacimiento

Allergies
alergias

Vaccine Reactions
reacciones a cualquier vacuna

RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO

▼	VACCINE	DATE GIVEN	DOCTOR OFFICE OR CLINIC		NEXT DOSE DUE
	<i>vacuna</i>	<i>fecha de vacunación</i>	<i>médico o clínica</i>		<i>próxima vacuna</i>
PROVIDERS: If using combination vaccines, remember to record dose in all appropriate spaces.	HEPATITIS B	1			
		2			
		3			
	ROTAVIRUS (RV)	1			
		2			
		3			
	DIPHTHERIA TETANUS PERTUSSIS	1		<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td	
		2		<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td	
		3		<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td	
		4		<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td	
		5		<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td	
		6		<input type="checkbox"/> Tdap <input type="checkbox"/> Td	
	HAEMOPHILUS INFLUENZAE TYPE B (HIB)	1			
		2			
		3			
		4			
	PNEUMOCOCCAL	1		<input type="checkbox"/> PCV <input type="checkbox"/> PPV	
		2		<input type="checkbox"/> PCV <input type="checkbox"/> PPV	
		3		<input type="checkbox"/> PCV <input type="checkbox"/> PPV	
		4		<input type="checkbox"/> PCV <input type="checkbox"/> PPV	
	POLIO	1		<input type="checkbox"/> IPV <input type="checkbox"/> OPV	
		2		<input type="checkbox"/> IPV <input type="checkbox"/> OPV	
		3		<input type="checkbox"/> IPV <input type="checkbox"/> OPV	
		4		<input type="checkbox"/> IPV <input type="checkbox"/> OPV	
	MEASLES MUMPS RUBELLA (MMR)	1			
		2			
	VARICELLA (chickenpox) <input type="checkbox"/> Had disease	1			
		2			
	HEPATITIS A	1			
		2			

Name: _____ Sex: _____ Birthdate: _____