

IMMUNIZATION RECORD

Vaccine	Date of Immunization				
	1 st	2 nd	3 rd	Booster	Booster
Polio					
Polio (Additional Boosters)					
Diphtheria/Pertussis/Tetanus					
Diphtheria/Tetanus Boosters					
Hepatitis A					
Hepatitis B					
Japanese Encephalitis					
BCG					
Chicken Pox					
Measles (Rubella)				Measles, Mumps, Rubella may be given in combination called MMR or M.R <i>Please Note:</i> PT, POLIO, MMR child is admitted and BCG are required before a child is admitted.	
Mumps					
Meningitis					
Typhoid					

Initial series usually given in infancy.

DISEASE HISTORY (give age):

Please indicate with a 3 if your child has suffered from any of the followings:

Rheumatic Fever		Mumps		Urinary Tract Infect.		Diabetes	
Chicken Pox		Scarlet Fever		Glandular Fever		Other	
German Measles		Chronic Ear Infect		Measles			

HEALTH PROBLEM / DOCTOR DIAGNOSED

Visual Problems		Allergy		Orthopedic		Hearing Loss	
Asthma		Sizure Disorder		Heart Disease		Other	

We certify the above is correct.

Date

Parent Signature (Father)

Parent Signature (Mother)