

	Vaccine Type	Date Given			Doctor, Clinic & Source
		Mo	Day	Yr	
Meningococcal MCV/MPSV					
Hepatitis A					
Rotavirus					
HPV					
Influenza					
Other					

IMMUNIZATION RECORD

Vaccines. Your best shot at prevention.

Name _____ Date Of Birth _____

Doctor/Clinic _____ Phone Number _____



IOWA
IMMUNIZATION
PROGRAM

IMPORTANT: Maintain immunization records in a safe place. Proof of immunizations may be necessary throughout your life.

	Vaccine Type	Date Given			Doctor, Clinic & Source
		Mo	Day	Yr	
Diphtheria, Tetanus, Pertussis DTaP/DTP/DT/ Td/Tdap					
Polio IPV/OPV					
Measles, Mumps, Rubella MMR					
Haemophilus influenzae type b Hib					
Hepatitis B					
Varicella/Zoster					
Pneumococcal PPSV/PCV					