Childhood Immunization Record Cards

An immunization record should be given to a parent every time their child receives a vaccine, including at birth. Parents should receive a printout or other record of the vaccinations administered to their infant before the infant leaves the hospital.

Official immunization record cards can be obtained from many state health departments free of charge.

- Phone numbers of state immunization programs are listed online at www.immunize.org/ coordinators.
- Childhood immunization record cards (see image below) are also available for purchase from the Immunization Action Coalition at www.immunize.org/shop/record-cards.asp. Sample record cards are available upon request.

Vaccine	Type of vaccine	Date given mo/day/yr	Healthcare professional or clinic	Date next dose due	Hee gen	Z 0	Last n. Bii Patient Numbe	CHIL
Hepatitis B (HepB, Hib-HepB, DTaP-HepB-IPV, HepA-HepB)					illhcare provider reric abbreviation bination vaccination	Medical notes	ame thdat trinted	Always nealthca
Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT, Td, Tdap, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, DTaP/Hib)					Healthcare provider. List the modelaylyr for each vaccination given. Record the generic abbreviation (e.g., PCV13, DTaP-HegB-IPV) or the trade name. For combination vaccines, till in a row for each separate antigen in the combination lines.	(e.g., allergies, vaccine	e: (no.) - (iay) by Immunization Action Coaliti v.immunize.org • www.vaccir	EEN IMMUNIZA my this record with you professional or clinic ke
Other			ze.org or www.vaccineinformatio		cination given. Record the form that the combination given. Record the anne. For antigen in the combination.	reactions):	First name M.I. (day) — [1] Action Coalition, Saint Paul, MN www.vaccneinformation.org	ZATION RECORD you and have your ckeep it up to date.

		(mo.)	(day) (yr.)	Vaccine	Type of vaccine	Date given mo/day/yr	Healthcare professional or clinic	
Last name M.I. Birthdate				Measles, Mumps, Rubella				
Type of vaccine	Date given mo/day/yr	Healthcare profession or clinic	al Date next dose due	(MMR, MMRV)		+		\vdash
				(VAR, MMRV)				H
				Hepatitis A (HepA, HepA-HepB)				
				If combo				
				Meningococcal (MCV4, MPSV4)				
				Human papillomavirus				
				HPV2 [Cervarix])				Г
				Influenza (TIV, LAIV)				
	Type of vaccine	Type of vaccine Date given mo/day/yr	Type of vaccine Date given mo/day/yr Healthcare profession or clinic	Type of vaccine Date given mo/day/yr Healthcare professional or clinic dose due	Varicella (VAR, MMRV) Hepatitis A (HepA, HepA-HepB) If combo Meningococcal (MCV4, MPSV4) Human papillomavirus (HPV4 (Gardasii), HPV2 (Devanxi) Influenza (TIV, LAIV)	Varicella (VAR, MMRV) Hepatitis A (HepA, HepA-HepB) If combo Meningococcal (MCV4, MPSV4) Hurnan papillomavirus (HPV2 (Gardasii), HPV2 (Cervarix)) Influenza (TIV, LAIV)	vaccine mo/day/yr or clinic dose due Varicella (VAR, MMRV) Hepatitis A (HepA, HepA-HepB) II combo Meningococcal (MCV4, MFeV4) Human papillomavirus (HFV4 (Gardsali), HFV2 (Cerarici)) Herv2 (Cerarici) Influenza (TIV, LAIV) Influenza (TIV, LAIV)	Vaccine mo/day/yr or clinic dose due Varicella (VAR, MMRV) Hepattis A (Hepattis A (





Hepatitis B: What Hospitals Need to Do to Protect Newborns