



HEPATITIS B

Date Received	Doctor or Clinic
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

DIPHtheria, Tetanus and ACeLLULAR PERTUSSIS\*

Date Received	Doctor or Clinic
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

H. INFLUENZAe TYPE B

Date Received	Doctor or Clinic
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Immunization Record

PNEUMOCOCCAL CONJUGATE

Date Received	Doctor or Clinic
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

POLIO\*

Date Received	Doctor or Clinic
1. _____	_____
2. _____	_____
3. _____	_____

MEASLES, MUMPS AND RUBELLA\*

Date Received	Doctor or Clinic
1. _____	_____

VARICELLA\*

Date Received	Doctor or Clinic
1. _____	_____

ROTAVIRUS

Date Received	Doctor or Clinic
1. _____	_____
2. _____	_____
3. _____	_____

INFLUENZA\*

Date Received	Doctor or Clinic
1. _____	_____
2. _____	_____

HEPATITIS A

Date Received	Doctor or Clinic
1. _____	_____
2. _____	_____

ALLERGIES

\_\_\_\_\_

\_\_\_\_\_



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BIM 225

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\*Additional vaccines recommended after the age of 2.