

— WELCOME, BABY —

From the deep ocean blue  
to the warm, sandy shore...  
The world says “HELLO,  
it’s time to explore!”

**CONGRATULATIONS**  
on your sweet little baby!

As parents and grandparents,  
we know just what a blessing  
your baby is to you.

Keeping your precious little one  
healthy means starting vaccinations  
by two months of age.

Congratulations, from the both of us!

MIKE AND TERESA PARSON  
GOVERNOR AND FIRST LADY OF MISSOURI

Growth Chart

Age	Weight	Length

Please keep this  
immunization record  
and take it with you when  
visiting Baby’s doctor.  
To remove the record,  
tear gently along the  
perforations.

These immunizations are recommended  
by the Centers for Disease Control  
and Prevention’s Advisory Committee  
on Immunization Practices,  
the American Academy of Pediatrics and  
the American Academy of Family Physicians.

Immunization  
Record

Name \_\_\_\_\_  
Birth Date \_\_\_\_\_

The following immunizations  
are recommended  
before the age of 2.

HEPATITIS B

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

DIPHtheria, Tetanus and ACeLLULAR PERTUSSIS\*

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

H. INFLUENZAe TYPE B

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

**Immunization Record**

PNEUMOCOCCAL CONJUGATE

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

POLIO\*

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

MEASLES, MUMPS AND RUBELLA\*

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

VARICELLA\*

1.	Date Received	Doctor or Clinic
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ROTAVIRUS

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

INFLUENZA\*

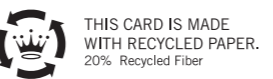
1.	Date Received	Doctor or Clinic
2.	Date Received	Doctor or Clinic

HEPATITIS A

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

ALLERGIES

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



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\*Additional vaccines recommended after the age of 2.