

District of Columbia

Immunization Record

Name: _____ **DOB:** _____ **Sex:** M F

Vaccine & Dose Number <i>(Circle Vaccine Type)</i>	Vaccine Manufacturer	Date Vaccine Given			Provider Signature Clinic Stamp	Date Next Due
		mm	dd	yy		
Hepatitis B 1						
Hepatitis B 2						
Hepatitis B 3						
DTaP-HepB-IPV 1						
DTaP-HepB-IPV 2						
DTaP-HepB-IPV 3						
DTaP/Tdap/DT/Td 1						
DTaP/Tdap/DT/Td 2						
DTaP/Tdap/DT/Td 3						

Vaccine & Dose Number <i>(Circle Vaccine Type)</i>	Vaccine Manufacturer	Date Vaccine Given			Provider Signature Clinic Stamp	Date Next Due
		mm	dd	yy		
DTaP/Tdap/DT/Td 4						
DTaP/Tdap/DT/Td 5						
DTaP-Hib 4						
Hib 1						
Hib 2						
Hib 3						
Hib 4						
Hib-Hep B 1						
Hib-Hep B 2						
Hib-Hep B 3						
Rotavirus 1						
Rotavirus 2						
Rotavirus 3						

Vaccine & Dose Number <i>(Circle Vaccine Type)</i>	Vaccine Manufacturer	Date Vaccine Given			Provider Signature Clinic Stamp	Date Next Due
		mm	dd	yy		
IPV 1						
IPV 2						
IPV 3						
IPV 4						
PCV7/ PPV23 1						
PCV7/PPV23 2						
PCV7/PPV23 3						
PCV7/PPV23 4						
MMR/MMRV 1						
MMR/MMRV 2						
Varicella 1						
Varicella 2						
Chickenpox Disease History	Yes <input type="checkbox"/> No <input type="checkbox"/>		When: Month		Year	

Vaccine & Dose Number <i>(Circle Vaccine Type)</i>	Vaccine Manufacturer	Date Vaccine Given			Provider Signature Clinic Stamp	Date Next Due
		mm	dd	yy		
MCV4/MPSV4 1						
MCV4/MPSV4 2						
Hepatitis A 1						
Hepatitis A 2						
Hep A-Hep B 1						
Hep A-Hep B 2						
Hep A-Hep B 3						
Influenza 1						
Influenza 2						
Influenza 3						
Influenza 4						
HBIG						

Vaccine Codes

- DTaP - Diphtheria, Tetanus, acellular Pertussis
- DT - Diphtheria, Tetanus (Pediatric <6 years old)
- HBIG - Hepatitis B immune globulin
- Hep A - Hepatitis A
- Hep B - Hepatitis B
- Hib - Haemophilus influenza type b
- IPV - Inactivated Polio Vaccine
- MMRV - Measles, Mumps, Rubella, Varicella
- MCV4 - Meningococcal Conjugate Vaccine (11 – 64 years)
- MPSV4 - Meningococcal Polysaccharide Vaccine (>2 years old)
- PCV7 - Pneumococcal Conjugate 7-valent Vaccine (Age 6 weeks – 59 months)
- PCV23 - Pneumococcal Polysaccharide 23-valent Vaccine (>2 years old)

- Td - Tetanus and diphtheria
- Varicella - Chickenpox vaccine
- Tdap - Tetanus, diphtheria, and acellular pertussis (adolescent/adult formulation)

Manufacturers

- B - Bayer Corporation
- C - Chiron
- GSK - GlaxoSmithKline
- M - Merck & Co., Inc.
- MBL - Massachusetts Biologic Laboratories
- MI - MedImmune, Inc.
- SP - Sanofi Pasteur (formerly Aventis Pasteur)
- W - Wyeth

Primary Provider _____

Address _____

Telephone _____

Allergies _____

Medical Notes _____

Important: Keep this card for your records. Take this card with you every time you go to the doctor or clinic. If properly completed, this record can be used to comply with immunization laws for day care, school and college entry. This card also may be used to comply with immunization requirements for employment.

Importante: Guarde esta tarjeta con sus documentos importantes. Presente este tarjeta cada vez que visite a su doctor o la clinca. Si contiene la informacion correcta, cumple con los requisitos de las leyes de vacunacion para la guarderia, ingreso a la escuela y admision en colegios y universidades. Esta tarjeta tambien puede usarse para cumplir co los requisitos de vacunacion de varios empleadores.