



## LIFETIME IMMUNIZATION RECORD

The date each dose was given and the doctor's name or health department stamp are required as proof of immunization. This card can be used to prove that the patient has received all necessary immunizations to enter child care facilities, school or a NC college/university or meet employer requirements.

CHILD'S  
NAME:

LAST

FIRST

MI

BIRTHDATE:

/

/

CHILD'S  
SEX:

MONTH

DAY

YEAR

PATIENT  
NUMBER:

PARENT OR LEGAL  
GUARDIAN'S NAME:

CHILD'S  
ADDRESS:

ALLERGIES OR MEDICAL NOTES

Vaccine	Type of Vaccine	Date Given Mo. Day Yr.	Administered By	Next Dose Due Mo. Day Yr.
<b>Hepatitis B</b> Engerix-B, Recombivax HB, Heplisav-B, Hib-HepB, DTaP-Hib-IPV, HepA-HepB	<b>Diphtheria, Tetanus, Pertussis (whooping cough)</b> DTaP, DT, Tdap, Td, DTaP-Hib-IPV, DtaP-IPV-Hib, DTaP-IPV, DTaP-Hib			
	<b>Influenza</b> IV, RIV, LAIV			

CHILD'S NAME: LAST	FIRST	M	DOB: / /	YEAR	Month	Date Given Mo. Day Yr.	Administered By	Next Dose Due Mo. Day Yr.
Vaccine	Type of Vaccine							
<b>H. Influenzae Type B</b> Hib, Hib-HepB, DTaP- IPV-Hib, DTaP-Hib								
<b>Polio</b> IPV, OPV, DTaP-HepB- IPV, DTaP-IPV-HIB, DTaP-IPV								
<b>Pneumococcal</b> Pneumovax 23 (PPSV23), Prevnar 13 (PCV13)								
<b>Rotavirus</b> RotaTeq (RV5), Rotarix (RV1), Unknown (RV)								
<b>Other</b>								

Vaccine	Type of Vaccine	Mo.	Date Given Day	Yr.	Administered By	Mo.	Next Dose Due Day	Yr.
<b>Measles, Mumps, Rubella</b> MMR, MMRV								
<b>Varicella (chickenpox)</b> Var, MMVRV								
<b>Hepatitis A</b> Hep A, If Combination: HepA-HepB								
<b>Mening-ACWY</b> MenACWY, MCv4, Menactra, Menveo								
<b>Menin-B MenB</b> Bexsero (MenB-4C), Trumenba (MenB-FHbp)								
<b>Human Papillomavirus</b> HPV								
<b>Other</b>								