¡Venga por sus vacuna(s)!

NOMBRE: _____

Para una mejor protección contra enfermedades preventibles por vacunas, complete toda la serie de vacunas recomendadas.

Vacuna(s) Necesarias:

- ☐ **DTaP (Difteria, Tétanos, y Tos Ferina)**
- ☐ **HepA (Hepatitis A)**
- ☐ **HepB (Hepatitis B)**
- ☐ **Herpes zoster (Herpes)**
- ☐ **Hib (*Haemophilus influenzae* tipo b)**
- ☐ **HPV (Virus de Papiloma Humano)**
- ☐ **Influenza (Gripe)**
- ☐ **IPV (Polio)**
- ☐ **Antimeningocócicas (MCV, MPSV)**
- ☐ **MMR (Sarampión, Paperas, y Rubéola)**
- ☐ **Antipneumocócicas (PCV, PPSV)**
- ☐ **Rotavirus (RV1, RV5)**
- ☐ **Td (Tétanos, Difteria)**
- ☐ **Tdap (Tétanos, Difteria, y Tos Ferina)**
- ☐ **Varicela (viruela)**
- ☐ **Otra:** _____

Por favor, llámenos hoy para una cita:

Asegúrese de actualizar el registro de vacunación de su hijo después de que sea vacunado.

Washington State Department of Health

DOH 348-057 January 2010

Busque adentro información

Personal y Confidencial Importante

PARA:

DE:

Washington State Department of Health

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