Influenza (flu)

DATE GIVEN	PRODUCT*	PHYSICIAN/CLINIC	NEXT DUE DATE

Hepatitis A (Hep A)

DOSE #	DATE GIVEN	PRODUCT*	PHYSICIAN/CLINIC	NEXT DUE DATE
1				
2				

Rotavirus

DATE GIVEN	PRODUCT*	PHYSICIAN/CLINIC	NEXT DUE DATE

Other Vaccines

VACCINE	DATE GIVEN	PHYSICIAN/CLINIC	NEXT DUE DATE

TB Skin Test

DATE GIVEN	PHYSICIAN/CLINIC	DATE READ	REACTION
			mm
			mm
			mm
			mm

*Use the **Product** column to write the name of the vaccine, including combination vaccines. Record combination vaccines in the section for each individual component.

This Lifetime Immunization Record may be needed for child care, school, camp, college, the military, travel, employment, or long-term care facilities. If you have questions or concerns about immunizations, talk to your health care provider or visit the Washington State Department of Health website at www.doh.wa.gov/cfh/immunize.

DOH 348-001 Item#325-0073B Rev 04/06

Official Washington State Lifetime Immunization Record

Name: _____

Birth Date: _____

Allergies/Vaccine Reactions: _____

_____

_____

Present this record to your doctor or nurse at each visit.

Hepatitis B (Hep B)

DOSE #	DATE GIVEN	PRODUCT*	PHYSICIAN/CLINIC	NEXT DUE DATE
1				
2				
3				

Diphtheria, Tetanus, Pertussis (DTaP)

DOSE #	DATE GIVEN	PRODUCT*	PHYSICIAN/CLINIC	NEXT DUE DATE
1				
2				
3				
4				
5				

Tetanus, Diphtheria, Pertussis Booster (Td, Tdap)

DATE GIVEN	PRODUCT*	PHYSICIAN/CLINIC	NEXT DUE DATE

Haemophilus influenzae type b (Hib)

DOSE #	DATE GIVEN	PRODUCT*	PHYSICIAN/CLINIC	NEXT DUE DATE
1				
2				
3				
4				

Polio (IPV, OPV)

DOSE #	DATE GIVEN	PRODUCT*	PHYSICIAN/CLINIC	NEXT DUE DATE
1				
2				
3				
4				

Measles, Mumps, Rubella (MMR)

TYPE OF VACCINE	DOSE #	DATE GIVEN	PRODUCT*	PHYSICIAN/CLINIC	NEXT DUE DATE
MMR	1				
MMR	2				
MMR					

*Use the **Product** column to write the name of the vaccine, including combination vaccines. Record combination vaccines in the section for each individual component.

Varicella (chickenpox)

DOSE #	DATE GIVEN	PRODUCT*	PHYSICIAN/CLINIC	NEXT DUE DATE
1				

HISTORY OF CHICKENPOX - DATE:

Meningococcal (MCV4, MPSV4)

DATE GIVEN	MCV4	MPSV4	PHYSICIAN/CLINIC	NEXT DUE DATE

Pneumococcal (PCV, PPV)

DATE GIVEN	PCV	PPV	PHYSICIAN/CLINIC	NEXT DUE DATE

NOTES and/or Date(s) last entered into the CHILD Profile Immunization Registry:

_____

_____

_____

_____

Washington State Department of Health

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Office of Health Promotion
P.O. Box 47833 Olympia, WA 98504-7833
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Sincerely,
Health Education Resource Exchange Web Team

PRINTING SPECIFICATIONS

Title:	**Official Washington State Lifetime Immunization Record**
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Ink color:	Pantone 347 and Black
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