

Vaccine Record

Patient Name _____

Date of Birth _____

Vaccines	Date Given	Site (LA, RA, LT, RT)	Vaccine Manufacturer	Vaccine Lot #	VIS Date	Vaccine Administ rator	Patient VIS Rec'd
DTaP,DT , Td 1 (IM)							
DTaP,DT , Td 2 (IM)							
DTaP,DT , Td 3 (IM)							
DTaP,DT , Td 4 (IM)							
DTaP,DT , Td 5 (IM)							
DTaP,DT , Td 6 (IM)							
Tdbooster (IM)							
Hib 1 (IM)							
Hib 2 (IM)							
Hib 3 (IM)							
Hib 4 (IM)							
Hib/HepB 1 b (IM)							
Hib/HepB 2 (IM)							
Hib/HepB 3 (IM)							
Hep B1 _____ mcg (IM)							
Hep B2 _____ mcg (IM)							
Hep B3 _____ mcg (IM)							
IPV 1 (SQ/IM)							
IPV 2 (SQ/IM)							
IPV 3 (SQ/IM)							
IPV 4 (SQ/IM)							
PCV 1 (IM)							
PCV 2 (IM)							
PCV 3 (IM)							
PCV 4 (IM)							
MMR 1 (SQ)							
MMR 2 (SQ)							
Varicella 1 (SQ)							
Varicella 2(\geq 13Y) (SQ)							
Chickenpox Hx							
Hep A 1 (IM)							
Hep A 2 (IM)							

- I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarization affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.
- My child's immunization record is on file at _____ (school) and all required immunizations and/or tuberculosis tests are current. Vision and Hearing screening records are also on file.
- I have provided Chrysalis Christian Preschool a copy of my child's most current immunization record.

Signature-Parent/Legal Guardian

Date

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