

Name _____ DOB _____

Vaccine	Dose #	Date Given	Physician or Clinic	Source of Information or Teton Peaks Staff Administering Vaccine (Name/Title) & Manufacture/Lot # of Vaccine
DTP, DTaP, DT, Td, and Tdap Diphtheria, Tetanus, & Pertussis	1			
	2			
	3			
	4			
	5			
	Booster			
	Booster			
Hib Haemophilus Influenzae Type B	1			
	2			
	3			
IPV/OPV Inactivated or Oral Polio Vaccine	1			
	2			
	3			
	4			
MMR Measles, Mumps, & Rubella	1			
	2			

Vaccine	Dose #	Date Given	Physician or Clinic	Source of Information or Teton Peaks Staff Administering Vaccine (Name/Title) & Manufacture/Lot # of Vaccine
Hepatitis B	1			
	2			
	3			
Hepatitis A	1			
	2			
Varicella Chicken Pox	1			
	2			
Pneumococcal				
Meningococcal				
Influenza				
Other				

NOTES:

Immunization Record Reviewed: By _____ Date _____