

Immunization Checklist (Child/Adolescent)



Patient Name: _____

Date of Birth: _____ Chart Number: _____

Known Allergies: _____

Vaccine	Type of Vaccine	Date	Dose	VIS ^a	Site	(IM, SC, IN, Oral)	Vaccine Info.		Initials Adm.
							Lot.	Mfr.	
Diphtheria, Tetanus & Pertussis									
Diphtheria, Tetanus Hepatitis B									
Hepatitis A									
Haemophilus influenza type b									
Pneumococcal									
Polio									
Measles, mumps, & rubella									
Varicella									
Meningococcal									
Rotavirus									
Human Papillomavirus									
Influenza									

^aVaccine Information Statements