Sample California Immunization Record

VACCINE		DATE GIVEN	DOCTOR OFFICE OR CLINIC	DATE NEXT DOSE DUE
PNEUMOCOCCAL (Conjugate = PCV) (Polysaccharide = PPV23)	1		☐ Conj ☐ Poly	
	2		☐ Conj ☐ Poly	
	3		☐ Conj ☐ Poly	
	4		☐ Conj ☐ Poly	

TB SKIN TESTS* *Pruebas de la Tuber-culosis*	Type**	Date given	Given by	Date read	Read by	mm indur	Interpretation
	☐ PPD-Mantoux ☐ Other_____	/ /		/ /			☐ Pos ☐ Neg
	☐ PPD-Mantoux ☐ Other_____	/ /		/ /			☐ Pos ☐ Neg
	☐ PPD-Mantoux ☐ Other_____	/ /		/ /			☐ Pos ☐ Neg

* A chest x-ray may be indicated if skin test is positive.
** If required for school entry, must be Mantoux unless exception granted by local health department.

CHEST X-RAY *[Radiografía]* (Necessary if skin test positive.)

Film date: _____/_____/_____ Interpretation: ☐ normal ☐ abnormal
Person is free of communicable tuberculosis: ☐ yes ☐ no
Signature/Agency: _____

Parents: Your child must meet California's immunization requirements to be enrolled in school and child care. Keep this Record as proof of immunization.
Padres: *Su niño debe cumplir con los requisitos de vacunas para asistir a la escuela y a la guardería. Mantenga este Comprobante: lo necesitará.*

IMMUNIZATION RECORD

Comprobante de Inmunización

Name
nombre

Birthdate
fecha de nacimiento

Allergies
alergias

Vaccine Reactions
reacciones a cualquier vacuna

RETAIN THIS DOCUMENT — *CONSERVE ESTE DOCUMENTO*

Name Sex Birthdate

PROVIDERS: If using combination vaccines, remember to record dose in all appropriate spaces.

VACCINE *vacuna*		DATE GIVEN *fecha de vacunación*	DOCTOR OFFICE OR CLINIC *médico o clínica*		DATE NEXT DOSE DUE *próxima vacuna*
POLIO	1		☐ IPV ☐ OPV		
	2		☐ IPV ☐ OPV		
	3		☐ IPV ☐ OPV		
	4		☐ IPV ☐ OPV		
DTaP DTP Td DT	1		☐ DTaP/DTP ☐ DT/Td		
	2		☐ DTaP/DTP ☐ DT/Td		
	3		☐ DTaP/DTP ☐ DT/Td		
	4		☐ DTaP/DTP ☐ DT/Td		
	5		☐ DTaP/DTP ☐ DT/Td		
			☐ Td		
HIB	1				
	2				
	3				
	4				
MMR	1				
	2				
HEPATITIS B	1				
	2				
	3				
VARICELLA (chickenpox) ☐ Had disease					
HEPATITIS A	1				
	2				

DT = diphtheria, tetanus *[difteria, tétano]*
DTaP = diphtheria, tetanus, pertussis (whooping cough) *[difteria, tétano y tos ferina]*
FLU = influenza
Hep A = Hepatitis A, **Hep B** = Hepatitis B
HIB = Hib meningitis (Haemophilus influenzae type B) *[meningitis Hib]*
IPV = inactivated polio *[poliomielitis inactivado]*, **OPV** = oral polio *[vacuna oral contra la polio]*
MMR = measles, mumps, rubella *[sarampión, paperas y rubéola (sarampión alemán)]*
PCV = pneumococcal conjugate vaccine *[neumocócica conjugada]*
PPV = pneumococcal polysaccharide vaccine *[vacuna polisacárida contra el neumococo]*
Td = tetanus, diphtheria *[tétano, difteria]*
VAR = varicella (chickenpox) *[varicela]*

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Note: Not shown at actual size. The California Immunization Record (yellow card) can be folded to fit into the plastic holder.