

Childhood Immunization Record

Please check the immunization record your child's doctor provides with this list. Use this chart to keep track your child's shots. If shots are missing, or if you do not have a record of the shots your child has received, please call your child's doctor now to schedule a visit to receive them.

Vaccine **Check off vaccinations and record the dates vaccines were received**

Diphtheria/ Tetanus/ Pertussis	<input type="checkbox"/> 1st Dose 2 months Date:	<input type="checkbox"/> 2nd Dose 4 months Date:	<input type="checkbox"/> 3rd Dose 6 months Date:	<input type="checkbox"/> 4th Dose 15-18 months Date:	<input type="checkbox"/> 5th Dose 4-6 years Date:	<input type="checkbox"/> 6th Dose (Tdap) 11-12 years Date:	Get Td booster every 10 years
	<input type="checkbox"/> 1st Dose Birth Date:	<input type="checkbox"/> 2nd Dose 1-2 months Date:	<input type="checkbox"/> 3rd Dose 4 months Date:	<input type="checkbox"/> 3rd Dose 4 months (if needed) Date:	<input type="checkbox"/> 4th Dose 6-18 months Date:	<input type="checkbox"/> 4th Dose 6-18 months Date:	
H. Influenzae type B (HIB)	<input type="checkbox"/> 1st Dose 2 months Date:	<input type="checkbox"/> 2nd Dose 4 months Date:	<input type="checkbox"/> 3rd Dose 6 months Date:	<input type="checkbox"/> 4th Dose 12-15 months Date:	<input type="checkbox"/> 4th Dose 4-6 years Date:		Discuss catch-up vaccine, if needed.
Inactivated Poliovirus (Polio)	<input type="checkbox"/> 1st Dose 2 months Date:	<input type="checkbox"/> 2nd Dose 4 months Date:	<input type="checkbox"/> 3rd Dose 6-18 months Date:	<input type="checkbox"/> 4th Dose 4-6 years Date:	<input type="checkbox"/> 4th Dose 12-15 months Date:		Discuss catch-up vaccine, if needed.
Pneumococcal (Pneumonia)	<input type="checkbox"/> 1st Dose 2 months Date:	<input type="checkbox"/> 2nd Dose 4 months Date:	<input type="checkbox"/> 3rd Dose 6 months Date:	<input type="checkbox"/> 4th Dose 12-15 months Date:			Discuss additional doses, if high-risk.
Measles/ Mumps/ Rubella	<input type="checkbox"/> 1st Dose 12-15 months Date:	<input type="checkbox"/> 2nd Dose 4-6 years Date:					Discuss catch-up vaccine, if needed.
Meningococcal (Meningitis)	<input type="checkbox"/> 1st Dose 11-12 years Date:	Discuss catch-up vaccine, if needed.					
Hepatitis A	<input type="checkbox"/> 1st Dose 12-18 months Date:	<input type="checkbox"/> 2nd Dose 18-23 months Date:	The two dose series should be given at least 6 months apart.				
Varicella (Chickenpox)	<input type="checkbox"/> 1st Dose 12-15 months Date:	<input type="checkbox"/> 2nd Dose 4-6 years Date:	Discuss catch-up vaccine, if needed. Those children who have not had the vaccine or those who do not have a reliable history of chickenpox should have two doses of vaccine at least 4 weeks apart.				
Influenza	<input type="checkbox"/> Annually 6-60 months Date:	<input type="checkbox"/> Annually, if high-risk > 60 months Date:					
Rotavirus	<input type="checkbox"/> 1st Dose 2 months Date:	<input type="checkbox"/> 2nd Dose 4 months Date:	<input type="checkbox"/> 3rd Dose 6 months Date:				
Human Papillomavirus (HPV)	<input type="checkbox"/> 1st Dose 11-12 years Date:	<input type="checkbox"/> 2nd Dose 2 months after 1st dose Date:	<input type="checkbox"/> 3rd Dose 6 months after 1st dose Date:				



BlueCross BlueShield
of Texas

These are suggested guidelines for asymptomatic, low-risk persons, unless indicated otherwise. These suggestions should not be used as a substitute for the medical care and advice of your physician. Benefit plans may not cover these services.

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