

	Vaccine Type	Date Given			Doctor, Clinic & Source
		Mo	Day	Yr	
Meningococcal MCV/MPSV					
Hepatitis A					
Rotavirus					
HPV					
Influenza					
Other					

# IMMUNIZATION RECORD

Vaccines. Your best shot at prevention.

Name

Date Of Birth

Doctor/Clinic

Phone Number



**IOWA**  
IMMUNIZATION  
PROGRAM

**IMPORTANT:** Maintain immunization records in a safe place. Proof of immunizations may be necessary throughout your life.

	Vaccine Type	Date Given			Doctor, Clinic & Source
		Mo	Day	Yr	
<b>Diphtheria, Tetanus, Pertussis</b> DTaP/DTP/DT/ Td/Tdap					
<b>Polio</b> IPV/OPV					
<b>Measles, Mumps, Rubella</b> MMR					
<b>Haemophilus influenzae type b</b> Hib					
<b>Hepatitis B</b>					
<b>Varicella/Zoster</b>					
<b>Pneumococcal</b> PPSV/PCV					