

# Immunization Record Worksheet



To protect your child from childhood diseases, eight sets of immunizations should be given before the age of 6. As your child receives immunizations, write the dates on the chart below.

	DTaP, Hep B, IPV*	PCV 7	HIB*	RV*	Hep A	MMRV* or MMR +VAR	DTaP*	IPV*
2 months	✓ date: ____	✓ date: ____	✓ date: ____	✓ date: ____				
4 months	✓ date: ____	✓ date: ____	✓ date: ____	✓ date: ____				
6 months	✓ date: ____	✓ date: ____	✓ date: ____	✓ date: ____				
12 months					✓ date: ____	✓ date: ____		
15 months		✓ date: ____					✓ date: ____	
24 months					✓ date: ____			
4 to 6 years						✓ date: ____	✓ date: ____	✓ date: ____

TIV: Recommended every year age 6 months to 18 years. \*Vaccines included in the Minnesota School Immunization Law

## Tips

- Make appointments at your clinic in advance to stay on schedule.
- When you are at your clinic, always ask when the next shots are due.
- There is evidence that acetaminophen (Tylenol®) reduces fever and irritability from immunizations (shots). Talk with your health care provider for information on giving Tylenol before and after your child's immunizations.
- Ask questions at your clinic if you are unsure which shots your baby has had or is getting.
- If cost is a problem, ask your health care provider about low-cost or free shots.
- Your child will need booster shots when entering kindergarten and junior high/middle school.
- Bring this record to any visit at your clinic or hospital.

## Vaccine abbreviations

**DTaP, HepB, IPV:** diphtheria, tetanus and acellular pertussis + hepatitis B + inactivated poliovirus vaccine (Pediarix®)

**PCV 7:** pneumococcal conjugate vaccine, 7-valent (Prevnar®)

**HIB:** Haemophilus influenza type b conjugate vaccine (ActHIB®)

**RV:** rotavirus vaccine, oral (RotaTeq®)

**Hep A:** hepatitis A vaccine (Havrix®)

**MMRV:** measles, mumps, rubella, varicella vaccine (ProQuad®)

**MMR:** measles, mumps, rubella vaccine (MMR II™)

**RV:** varicella vaccine (Varivax®)

**DTaP:** diphtheria, tetanus and acellular pertussis vaccine (Infanrix®)

**IPV:** inactivated poliovirus vaccine (IPOL®)

**TIV:** trivalent influenza vaccine (Fluzone®)