



VACCINATION LOG

Name:		Patient ID:	
Date of Birth:		Blood Type:	

Vaccine	Date MM DD YY	Date MM DD YY	Date MM DD YY	Date MM DD YY	Date MM DD YY	Date MM DD YY	Total Doses	Diagnosed	Serology	History	Medical Exemption
DTP, DTaP, DT											
Td or Tdap											
Hepatitis B											
OPV											
IPV											
HIB (Under Age 5)											
PCV (Under Age 5)											
Measles*											
Mumps*											
Rubella*											
Hepatitis A (Born on/after 1/1/06)											
Varicella*											
MCV/MPSV											
Rotavirus*											
HPV											
Nasal Spray Flu Vaccine*											
Td or Tdap (Booster Dose)											

* People with weakened immune systems or people receiving certain drugs that can suppress or slow down the immune system such as corticosteroids, should check with their doctor before live virus vaccines are given.