

# 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 13*	HIB*	RV1	Hep A	DTaP*	MMR*	VAR*	DTaP, IPV*	TIV or LAIV**
2 months	✓ date:	✓ date:	✓ date:	✓ date:						
4 months	✓ date:	✓ date:	✓ date:	✓ date:						
6 months	✓ date:	✓ date:	✓ date:							
12 months		✓ date:			✓ date:					✓ date:
15 months		✓ one dose between now and 5 years date:	✓ booster date:				✓ date:	✓ date:		
18 months					✓ date:	✓ date:				
4 to 6 years							✓ date:	✓ date:	✓ date:	✓ date:

\* Vaccines included in the Minnesota School Immunization Law. \*\* Recommended every year for everyone.

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

**PCV13:** pneumococcal 13-valent conjugate vaccine (Prevnar 13®)

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

**HIB booster:** haemophilus influenza type b conjugate vaccine booster (Hiberix®)

**RV1:** rotavirus vaccine, oral (Rotarix®)

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

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

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

**VAR:** varicella (Varivax®)

**DTaP, IPV:** diphtheria, tetanus and acellular pertussis + inactivated poliovirus (Kinrix®)

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

**LAIV:** live attenuated influenza vaccine (FluMist®)