Sample California Immunization Record

V	ACCINE		DATE GIVEN		DOCTOR	OFFICE	OR	CLINIC		DATE NE
		1		□ Conj □ Poly						
				Conj						
	OCOCCAL ate=PCV)	2		Poly						
	ride = PPV23)	3		□ Conj □ Poly						
		4		Conj						
				Poly						
TB SKIN TESTS*	Type**	antoux	Date given	Given by	Date re	ead Re	ad by	mm i		nterpretatio
Pruebas de la	PPD-Ma	antoux	1 1		+	, 				□ Pos □ Nea
Tuber- culosis	PPD-Mo		/ /		/ /	/				□ Pos □ Neg
	* A chest x	-ray mo d for so	y be indicate hool entry, n	d if skin test oust be Mante	is positive. oux unless o	exception	grante	d by l oco	l health	department
CHEST :			date: on is free of	//_ communica	Inter	rpretation :v l osis:	ı: 🗆 ı 🗆 yes	normal no	□ abr	norma l
(Necess skin test p		Signo	ature/Agenc	y:						
	and child	care.	meet Ca l if Keep this	Record as p	proof of in	nmunizo	tion.			
			mplir con le enga este C				asistir	a la es	cuela y	a la
	ı	I AA	MUN	117Δ	TIO	N F	2 F (co	RD)
	•			robante	de In	muniz				
				SCISCOSTOST	OF.	1000				
				5	REKA					
			gw:							
Name nombre						X				
Birthdate	nacimio-	h 8	F							
	c.iiielli	- /	V 1559-	1		A = 65	7 /	1/		
fecha de Allergies		/	(8) E		T .		B	7		
fecha de	Reactions		ABB SE	CALIF		<i>A</i>		/		

Name			Sex Birthdate						
VACCII		DATE GIVEN fecha de		DOCTOR OFFICE OR CLINIC médico o clínica	DATE NEXT DOSE DUE próxima				
	1	vacunación	□IPV □OPV	meanes o cilinea	vacuna				
	2		□ IPV □ OPV						
POLIO	3		□ IPV □ OPV						
	4		□IPV □OPV						
	1		DToP/DTP						
	2		□ DTaP/DTP						
DTaP DTP Td	3		□ DToP/DTP						
DTAP DTAP DTAP TI DT TI	4		DToP/DTP						
ddb iib	5		□ DToP/DTP						
9808			□Td						
	1								
2	2								
HIB	3								
, connes,	4								
MMR	1								
	2								
HEPATITIS	1 B								
	2								
	3								
VARICEL (chicken)									
☐ Had di	ease								
HEPATITI	1 S A								
	tetar	ius [difterio tanus, pertu	a, tétano] ussis (whoo	ping cough) [difteria, tétano y tos	ferina]				
/ = inactivate AR = measles V = pneumoo V = pneumoo	ngitis d poli , mun occal occal	(Haemophi o [poliomie nps, rubella conjugate v polysaccha	lus influenz elitis inactiv [sarampie raccine [n-	cae type B) [meningitis Hib] ado], OPV = oral polio [vacunc ôn, paperas yrubéola (sarampión eumocócica conjugada] e [vacuna polisacárida contra el :	alemán)]				

Note: Not shown at actual size. The California Immunization Record (yellow card) can be folded to fit into the plastic holder.