

IMMUNIZATION RECORD

Greece Christian Preschool
 750 Long Pond Road
 Rochester, NY 14612

Child's Name _____

585-723-1165 Fax 585-723-8241

Age _____ Birthdate _____

Fill in the child's age and date immunization received.

Hepatitis B	#1	#2	#3		
Age					
Date					
DTaP	#1	#2	#3	#4	Booster
Age					
Date					
Hib	#1	#2	#3	#4	
Age					
Date					
IPV	#1	#2	#3	Booster	
Age					
Date					
PCV	#1	#2	#3	Booster	
Age					
Date					
MMR	#1				
Age					
Date					
Varicella	#1				
Age					
Date					
Hepatitis A	#1				
Age					
Date					
Other					
Age					
Date					
Lead Screen	Date	Results			

_____ Immunizations are completed as required by NY State Law

_____ Immunizations are in progress and will be completed by _____ (date).

 Physician's Signature or Stamp

 Date

 Parent's Signature

 Date