

Name _____

Date Completed _____

IMMUNIZATION RECORD

You can often derive valuable information from correlating your immunization record to significant health events in your life. Your pediatrician or schools may have records of childhood immunizations, if you do not. Please note that the frequency of immunizations has changed over many decades, and you may not have received every vaccination, nor the frequency of vaccinations suggested here.

IMMUNIZATION	Initial		First Booster		Second Booster		Third Booster	
	Age	Date	Age	Date	Age	Date	Age	Date
Diphtheria								
Haemophilus Influenza Type B								
Hepatitis A								
Hepatitis B								
Human Papillomavirus								
Influenza								
Measles								
Meningococcal								
Mumps								
Pertussis/Whooping Cough								
Pneumococcal								
Polio								
Rotavirus								
Rubella								
Smallpox								
Tetanus								
Tuberculosis								
Typhoid								
Varicella								



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