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|   Immunization History**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Enter the date an immunization was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all child care facilities to have this information on file.  **Enter date of each dose - Month/Day/Year**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **VACCINE**  | **#1**  | **#2**  | **#3**  | **#4**  | **#5**  |
| \*DTP / DT (circle which)  |   |   |   |   |   |
| \*Polio  |   |   |   |   |   |
| \*\*Hib  |   |   |   |   |   |
| \*Hepatitis B  |   |   |   |   |   |
| \*MMR (combined doses)  |   |   |   |   |   |
| \*\*\*Chicken Pox  |   |   |   |   |   |
| OTHER  |   |   |   |   |   |
| OTHER  |   |   |   |   |   |

   \*Required by state law.  \*\*Required by state law, however the requirement for the booster dose, #4, is temporarily suspended. \*\*\*Required by State law for children born on or after 4/1/01.

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| **Records Updated by:**  | **Date Updated:**  |
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