IMMUNIZATION RECORD

Comprobante de Inmunización

Registry ID Number

Name
nombre

Birthdate *fecha de nacimiento*

Sex *sexo*

Allergies
alergias

Vaccine Reactions
reacciones a la vacuna

RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO

VACCINE *vacuna*	DATE GIVEN *fecha de vacunación*	DOCTOR OFFICE OR CLINIC *médico o clínica*	NEXT DOSE DUE *próxima vacuna*

Parents: Your child must meet California's immunization requirements to be enrolled in school and child care. Keep this Record as proof of immunization.

Padres: Su niño debe cumplir con los requisitos de vacunas para asistir a la escuela y a la guardería. Mantenga este Comprobante: lo necesitará.

DT/Td = Diphtheria, tetanus *[difteria, tétano]*
DTaP/Tdap = Diphtheria, tetanus, and pertussis (whooping cough) *[difteria, tétano, y tos ferina]*
DTP = Diphtheria, tetanus, pertussis (whooping cough) *[difteria, tétano, y tos ferina]*
HEP A = Hepatitis A
HEP B = Hepatitis B
HIB = Hib meningitis (*Haemophilus influenzae* type b) *[meningitis Hib]*
HPV = Human papillomavirus *[virus del papiloma humano]*
INFV = Influenza *[la gripe]*
MCV = Meningococcal conjugate vaccine *[vacuna meningocócia conjugada]*
MMR = Measles, mumps, rubella *[sarampión, paperas y rubéola (sarampión alemán)]*
MPV = Meningococcal polysaccharide vaccine *[vacuna meningocócia polisacárida]*
PNEUMO = Pneumococcal vaccine *[neumocócica]*
POLIO = Poliomyelitis *[poliomielitis]*
RV = Rotavirus *[rotavirus]*
VZV = Varicella (chickenpox) *[varicela]*

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TB SKIN TESTS* Pruebas de la Tuberculosis

Type**	Date given	Given by	Date read	Read by	mm/indur	Impression

* A chest x-ray may be indicated if skin test is positive.
** If required for school entry, must be Mantoux unless exception granted by local health department.

CHEST X-RAY [Radiografiá] (Necessary if skin test positive.) Film date: ____/____/____ Interpretation: ☐ normal ☐ abnormal

Person is free of communicable tuberculosis ☐ yes ☐ no

Signature/Agency: _____

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