

# IMMUNIZATIONS

Hepatitis B HepB	Rotavirus RV (RV1 or RV5)	Diphtheria, Tetanus, Acellular Pertussis DTaP: <7 YRS.	Haemophilus Influenzae Type B Hib	Pneumococcal Conjugate PCV13
Date(s) Rcv'd.:	Date(s) Rcv'd.:	Date(s) Rcv'd.:	Date(s) Rcv'd.:	Date(s) Rcv'd.:
Inactivated Poliovirus IPV: < 18 Yrs.	Influenza IIV or LAIV4 (Annually)	Measles, Mumps, Rubella MMR	Varicella VAR	Hepatitis A HepA
Date(s) Rcv'd.:	Date(s) Rcv'd.:	Date(s) Rcv'd.:	Date(s) Rcv'd.:	Date(s) Rcv'd.:
Diphtheria, Tetanus, Acellular Pertussis DTaP: > or = 7 YRS.	Human Papillomavirus HPV	Meningococcal MenACWY-D > or = 9 mos, MenACWY-CRM > or = 2 mos, MenACWY-TT > or = 2yrs.	Meningococcal B MenB	Pneumococcal Polysaccharide PPSV23
Date(s) Rcv'd.:	Date(s) Rcv'd.:	Date(s) Rcv'd.:	Date(s) Rcv'd.:	Date(s) Rcv'd.:
Covid-19	Influenza Inactivated (IIV) or Influenza Recombinant (RIV4) or Influenza Live Attenuated (LAIV4)	Zoster Recombinant RZV	Other	Other
Date(s) Rcv'd.:	Date(s) Rcv'd.:	Date(s) Rcv'd.:	Date(s) Rcv'd.:	Date(s) Rcv'd.:
Other	Other	Other	Other	Other
Date(s) Rcv'd.:	Date(s) Rcv'd.:	Date(s) Rcv'd.:	Date(s) Rcv'd.:	Date(s) Rcv'd.:
Other	Other	Other	Other	Other
Date(s) Rcv'd.:	Date(s) Rcv'd.:	Date(s) Rcv'd.:	Date(s) Rcv'd.:	Date(s) Rcv'd.:
Other	Other	Other	Other	Other

Visit <https://www.cdc.gov/vaccines/schedules/> for more information.