

KIDLAND VACCINE LOG

Child Name _____

Date of Birth (MM/DD/YYYY) _____

REQUIRED VACCINE	DATE EACH DOSE WAS GIVEN (MM/DD/YY)				
	1 ST	2 ND	3 RD	4 TH	5 TH
IPV / OPV (Polio)			Age: _____ years		
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)			Age: _____ years	Age: _____ years	
MMR (Measles, Mumps, Rubella)	Age: _____ months				
Hib (<i>Haemophilus influenzae</i> type b)					
Hep B (Hepatitis B)					
VAR / VZV (Varicella or Chickenpox)					
Tdap – 7th Grade (Tetanus, Diphtheria, Pertussis)	Age: _____ years				

Parent/Guardian's Signature _____