



# Immunization Records

Children may benefit from other vaccines that are available for purchase. Speak to your health care provider.

Other Vaccines (e.g. travel, hepatitis A)			
Type of Vaccine	Date given (y/m/d)	Type of Vaccine	Date given (y/m/d)

Influenza (Flu) Vaccine			
Type of Vaccine	Date given (y/m/d)	Type of Vaccine	Date given (y/m/d)

**My Notes (e.g. allergy history, vaccine reactions)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- For more information:**
- Speak to your health care provider
  - Visit [www.immunizebc.ca](http://www.immunizebc.ca)
  - Call HealthLink BC at 8-1-1

## Childhood Immunization Record

Immunization is one of the best ways to protect your child's health.

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Personal Health Number \_\_\_\_\_

Phone Number \_\_\_\_\_

This is a permanent record.  
Keep it in a safe place.



## Vaccine Schedule

Vaccine schedules can change • Visit [www.immunizebc.ca](http://www.immunizebc.ca) for the most up-to-date schedule.

**2 months of age - 1<sup>st</sup> set of immunizations** Date (y/m/d)

Diphtheria, Pertussis, Tetanus, Polio, *Haemophilus influenzae* type b (Hib), Hepatitis B \_\_\_\_\_

Pneumococcal Conjugate \_\_\_\_\_

Meningococcal C Conjugate \_\_\_\_\_

Rotavirus \_\_\_\_\_

**4 months of age - 2<sup>nd</sup> set of immunizations** Date (y/m/d)

Diphtheria, Pertussis, Tetanus, Polio, *Haemophilus influenzae* type b (Hib), Hepatitis B \_\_\_\_\_

Pneumococcal Conjugate \_\_\_\_\_

Rotavirus \_\_\_\_\_

**6 months of age - 3<sup>rd</sup> set of immunizations** Date (y/m/d)

Diphtheria, Pertussis, Tetanus, Polio, *Haemophilus influenzae* type b (Hib), Hepatitis B \_\_\_\_\_

Rotavirus \_\_\_\_\_

Yearly influenza (flu) immunization is recommended for children 6 months of age and older during the influenza season. Please speak with your health care provider for more information. Record your child's influenza vaccine on the back of this card.

**On 1st birthday (or soon after) - 4<sup>th</sup> set of immunizations** Date (y/m/d)

MMR (Measles, Mumps, Rubella) \_\_\_\_\_

Pneumococcal Conjugate \_\_\_\_\_

Meningococcal C Conjugate \_\_\_\_\_

Varicella (Chickenpox) \_\_\_\_\_

**18 months of age - 5<sup>th</sup> set of immunizations** Date (y/m/d)

Diphtheria, Pertussis, Tetanus, Polio, *Haemophilus influenzae* type b (Hib) \_\_\_\_\_

**Starting at 4 years of age (kindergarten)** Date (y/m/d)

Tetanus, Diphtheria, Pertussis, Polio \_\_\_\_\_

MMRV (Measles, Mumps, Rubella, Varicella) \_\_\_\_\_

**Grade 6** Date (y/m/d)

Human Papillomavirus (HPV) \_\_\_\_\_

Hepatitis B (if not already immunized) \_\_\_\_\_

Varicella (Chickenpox) (if not already immunized or immune) \_\_\_\_\_

**Grade 9** Date (y/m/d)

Tetanus, Diphtheria, Pertussis \_\_\_\_\_

Meningococcal Quadrivalent Conjugate \_\_\_\_\_

