

HISTORY OF IMMUNIZATIONS (Indicate month/day/year)

	1	2	3	4	5
*DTaP/DT					

	1	2	3	4
*Hib				

	1	2	3	4	5
*IPV (Polio)					

	1	2	3	4	5
Influenza (Flu)					

	1	2
*Measles Mumps Rubella (MMR)		

	1	2	3
Rotavirus (RGE)			

	1	2
*Varicella (Varivax)		

Or Chicken Pox Disease	Month/Year
---------------------------	------------

	1	2	3	4	5
*Pneumococcal (PCV) (Prevnar)					

	1	2
HEPA		

	1	2	3
*HBV (HEP B)			

Name of Physician Completing Form: _____ Phone Number: _____
(Please Print)

Physician's Signature: _____

ADDITIONAL NOTES AND INSTRUCTIONS

*Indiana law requires all children attending licensed childcare facilities to be immunized against this disease.