

Vaccine	Vaccine Type	Dose Number	Date (M/D/Y)	Health Care Provider
Polio		1.		
		2.		
		3.		
		4.		
Rotavirus Specify vaccine as RV1 (Rotarix) or RV5 (Rotateq)		1.		
		2.		
		3.		
Td or Tdap Tetanus, diphtheria and acellular pertussis. Specify vaccine type as Td or Tdap		1.		
		2.		
		3.		
		4.		
		5.		
Varicella Chickenpox		1.		
		2.		
Other		1.		
		2.		
Chickenpox Disease	Did this person ever have chickenpox? Check (✓) one: <input type="checkbox"/> Yes _____ date if known <input type="checkbox"/> No <input type="checkbox"/> Don't know			

Some of the current combination vaccines include:

- Kinrix (DTaP + Polio)
- Pediarix (DTaP + Hep B + Polio)
- Pentacel (DTaP + Polio + Hib)
- ProQuad (MMR + V)
- Twinrix (Hep A + Hep B)
- Menhibrix (Hib + MenCY)

Instructions for patients:

- State law requires written evidence of certain immunizations prior to day care or school entrance.
- Bring this card with you each time a vaccine is given.
- Check with your doctor or public health department for recommended childhood, adolescent, and adult vaccines.
- Keep this record up-to-date. It will serve as a life-long record.

Instructions for vaccinators:

- List the date each dose of vaccine was received. If the vaccine was a combination of more than one of the vaccines listed on this card, record the date it was received by vaccine type. For example, if the child received the combined DTaP and Polio called Kinrix, record the date it was received in each of the rows marked DTaP and Polio.



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

Wisconsin Department of Health Services
Division of Public Health, PO Box 2659, Madison, WI 53701-2659
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WISCONSIN IMMUNIZATION RECORD

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Last Name First Name M.I. Birthdate

Vaccine	Vaccine Type	Dose Number	Date (M/D/Y)	Health Care Provider
DTaP Diphtheria, Tetanus, and Acellular Pertusis		1.		
		2.		
		3.		
		4.		
		5.		
Hep A Hepatitis A		1.		
		2.		
		3.		
Hep B Hepatitis B		1.		
		2.		
		3.		
		4.		
Hib Haemophilus influenzae b		1.		
		2.		
		3.		
		4.		

*Specify vaccine type per dose.

Vaccine	Vaccine Type	Dose Number	Date (M/D/Y)	Health Care Provider
HPV Human papillomavirus Specify 2vHPV, 4vHPV, or 9vHPV		1.		
		2.		
		3.		
Influenza IIV and LAIV		1.		
		2.		
MMR Measles, mumps, rubella		1.		
		2.		
Meningococcal ACWY *MCV (conjugate) or MPSV (polysaccharide)		1.		
		2.		
Meningococcal B *MenB-4C (Bexsero) or MenB-FHbp (Trumenba)		1.		
		2.		
		3.		
Pneumococcal * PCV13, PCV15, and PCV20 (conjugate) or PPSV 23 (polysaccharide)		1.		
		2.		
		3.		
		4.		