

Vaccine	Vaccine Type	Dose Number	Date (M/D/Y)	Health Care Provider
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				
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:

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

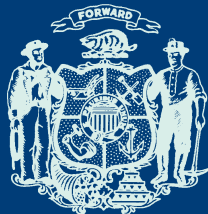
Instructions:

- Bring this card with you each time a vaccine is given.
- 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 your child received the combined Hepatitis B + Hib vaccine called Comvax, record the date it was received in each of the rows marked Hepatitis B and Hib.
- State law requires written evidence of certain immunizations prior to day care or school entrance.
- Check with your doctor or public health department for recommended childhood and adult vaccines.
- Keep this record up-to-date. It will serve as a lifetime history.



WISCONSIN
DEPARTMENT OF
HEALTH SERVICES

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Wisconsin Immunization Record

