

IMMUNIZATION RECORD

Comprobante de Inmunización



Registry ID Number

Name

nombre

Birthdate

fecha de nacimiento

Sex

sexo

Allergies

alergias

Vaccine Reactions

reacciones a la vacuna

RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO

VACCINE <i>vacuna</i>	DATE GIVEN <i>fecha de vacunación</i>	DOCTOR OFFICE OR CLINIC <i>médico o clínica</i>	NEXT DOSE DUE <i>próxima vacuna</i>

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Parents: Your child must meet California's immunization requirements to be enrolled in school and child care. Keep this Record as proof of immunization.
 Padres: Su niño debe cumplir con los requisitos de vacunas para asistir a la escuela y a la guardería. Mantenga este Comprobante: lo necesitará.

DT/Td = Diphtheria, tetanus [difteria, tétano]
DTaP/Tdap = Diphtheria, tetanus, and pertussis (whooping cough) [difteria, tétano, y tos ferina]
DTP = Diphtheria, tetanus, pertussis (whooping cough) [difteria, tétano, y tos ferina]
HEP A = Hepatitis A
HEP B = Hepatitis B
HIB = Hib meningitis (Haemophilus influenzae type b) [meningitis Hib]
HPV = Human papillomavirus [virus del papiloma humano]
INFV = Influenza [la gripe]
MCV = Meningococcal conjugate vaccine [vacuna meningocócica conjugada]
MMR = Measles, mumps, rubella [sarampión, paperas y rubéola (sarampión alemán)]
MPV = Meningococcal polysaccharide vaccine [vacuna meningocócica polisacárida]
PNEUMO = Pneumococcal vaccine [neumocócica]
POLIO = Poliomyelitis [poliomielitis]
RV = Rotavirus [rotavirus]
VZV = Varicella (chickenpox) [varicela]

TB SKIN TESTS* Pruebas de la Tuberculosis

Type**	Date given	Given by	Date read	Read by	mm/indur	Impression

* A chest x-ray may be indicated if skin test is positive.
 ** If required for school entry, must be Mantoux unless exception granted by local health department.

CHEST X-RAY Film date: ___/___/___ Interpretation: normal abnormal
 [Radiografía] Person is free of communicable tuberculosis yes no
 (Necessary if skin test positive.)

Signature/Agency: _____