Hewlett-Woodmere District 14
Immunization Record

LAST NAME	FIRST NAME	M.I.	BIRTHDATE (mm/dd/yy)

MEDICAL NOTES (allergies, vaccine reactions, etc.)

Vaccine	Type	Date Given (m/d/yy)	Administered By (clinic, doctor, etc)	Next Dose Date	Vaccine	Type	Date Given (m/d/yy)	Administered By (clinic, doctor, etc)	Next Dose Date
Hepatitis B (HepB, Hib-HepB, HepA-HepB, DTaP-HepB-IPV)					**Hepatitis A** (HepA, HepA-HepB)				
Diptheria, Tetanus, Pertussis (DTaP, DTP, DT, Td, Tdap, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, DTaP/Hib)					**Meningococcal** (MCV4, MPSV4)				
					Human papillomavirus (HPV4, HPV2)				
boosters					**Zoster** (shingles)				
Tdap					**Influenza** (yearly) (TIV, LAIV)				
***Haemophilus influenzae* type b** (Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib)									
Pneumococcal (PCV7, PCV13, PPSV23)									
					Other				
Polio (IPV, OPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV)									
					Covid #1				
					Covid #2				
					Covid Booster				
Rotavirus (RV1, RV5, RV [unknown])									
Measles, Mumps, & Rubella (MMR, MMRV)									
Varicella (chickenpox) (VAR, MMRV)									