Ohio Department of Health

Immunization Record Card – Parent's Copy

Child's name	Birthdate

Vaccine	Dose	Type of vaccine	Date given (mo/day/yr)	Provider	Date next dose due
Diphtheria, Tetanus, Pertussis (DTaP, DT, Tdap, Td)	1				
	2				
	3				
	4				
	5				
Tdap/Td booster every 10 years					
Hepatitis B	HBIG administered at birth? ☐ Yes ☐ No Date given / /				
	1				
	2				
	3				
Hib (Haemophilus influenzae type b)	1				
	2				
	3				
	4				
Polio (IPV/OPV)	1				
	2				
	3				
	4				
Pneumococcal (conjugate PCV7, polysaccharide PPV23)	1				
	2				
	3				
	4				
Rotavirus	1				
	2				
	3				
Hepatitis A	1				
	2				
Measles, Mumps, Rubella (MMR)	1				
	2				
Varicella (chickenpox)	1				
	2				
	If had disease, give date / /				
Influenza					
Human Papillomavirus (HPV)	1				
	2				
	3				
Meningococcal (conjugate MCV4, polysaccharide MPSV4)	1				