Child's Name_____ Birthdate_____

VACCINE	TYPE	Month/Day/Year OF DOSE	HEALTH PROVIDER	DATE NEXT DOSE DUE
Hep B (Hepatitis B)				
DTaP (Diphtheria, Tetanus, Pertussis)				
Hib (*Haemophilus Influenzae* type b)				
IPV (Inactivated Polio)				
PCV (Pneumococcal Conjugate)				
MMR (Measles, Mumps, Rubella)				
Var (Varicella/Chickenpox)				
Other Vaccines				

Important Facts for Parents to Know About Your Child's Immunizations

When should your child be immunized? Your child should be immunized according to the current *Recommended Childhood Immunization Schedule* approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). Alternate schedules may be required. **Consult with your pediatrician to determine the best schedule for your child, and to address any questions and concerns you may have.**

The risk of not immunizing. If your child were to become infected with any one of these diseases, there is a real chance of permanent damage or death.

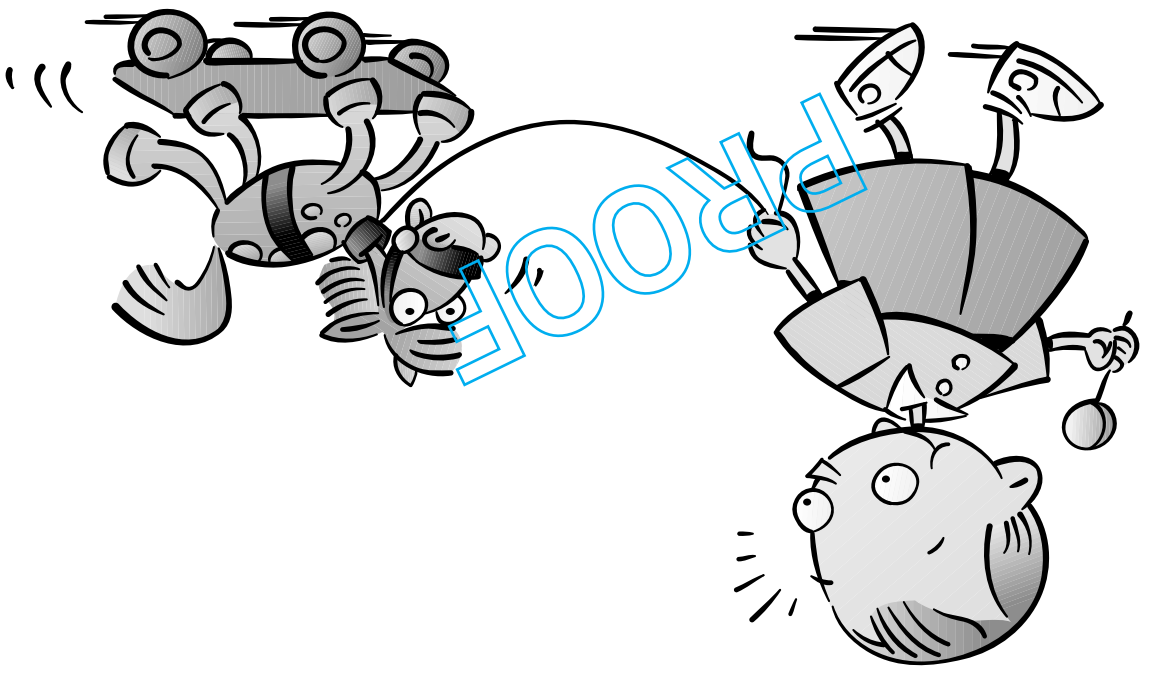
The benefits of immunizing. The vaccines your child will receive are highly effective. Most children who receive these vaccines will be fully protected. However, the vaccines do not "take" in some children. Even the children who do not develop full immunity will benefit from the vaccines. Some will experience a milder form of the disease, and because other people in their community are being immunized, all children are less likely to be exposed to the diseases.

The risks of immunizing. Vaccines commonly cause brief mild side effects (such as soreness where the shot was given, fussiness, rash, and fever). In rare cases, vaccines can cause a serious reaction.

The bottom line. It is important for you to understand that your child's chances of being harmed by these diseases are far greater than any chance of being harmed by the vaccines. Immunizations are one of the most important ways parents can protect their children against serious diseases.

Remember to retain all immunization records for school registration.

STANDARD FLAP COPY
PROOF



PROOF

Courtesy of

Add Your Logo & Imprint Here!
3 1/4" x 3" area

Growth Chart

APPOINTMENT DATE											
AGE											
HEIGHT											
WEIGHT											
HEAD CIRCUMFERENCE											

NOTES: _____

STANDARD FLAP COPY