LSS I & LSS II - IMMUNIZATION HISTORY

Name:	Date of Birth:					
Enter the date a immunization was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all child care facilities to have this information on file.						
Enter date of each dose - Month/Day/Year						
VACCINE	#1	#2	#3	#4	#5	
*DTP / DTaP / DT						
*OPV / IPV						
*Hib						
*Hepatitis B						
*MMR (combined doses)						
*Varicella						
PCV7						
Rota						
OTHER						
OTHER						
* Required by State Law						
Records Updated by:			Date Updated:	Date Updated:		