

DATAPOINTS IMMUNIZATION HISTORY

Participant Name: _____

Child Name: _____

Immunization	Shot #1	Shot #2	Shot #3	Shot #4	Shot #5
DTP					
HIB					
Polio					
PCV					
Hepatitis B					
MMR					
TD					
Var					

Date of Immunization: _____

Immunization Status:

- ☐ Completed
- ☐ Delayed
- ☐ Exempt
- ☐ Delete

Reason Delayed/Exempt:

- ☐ Parent Refusal ☐ Religion Reason ☐ Medical ☐ Non-CDC Complaint Provider
- ☐ Vaccine Not Available ☐ Other

Other Reason: _____