

Keep this card for your personal records:

VACCINE	DOSE	RECOMMENDED AGE TO RECEIVE	CLINIC WHERE RECEIVED	DATE (M/D/Y)
Hepatitis A	1	12 months		
	2	18 to 30 months		
Hepatitis B	1	birth		
	2	1 to 4 months		
	3	6 to 18 months		
Rota <sup>1</sup> (Rotavirus)	1	2 months		
	2	4 months		
	3	6 months		
D'TaP (Diphtheria, Tetanus, Pertussis)	1	2 months		
	2	4 months		
	3	6 months		
	4	15 to 18 months		
Hib (Haemophilus influenzae b)	1	2 months		
	2	4 months		
	3	6 months <sup>1</sup>		
	4	12 to 15 months <sup>1</sup>		
Polio	1	2 months		
	2	4 months		
	3	6 to 18 months		
*MMR(Measles, Mumps, Rubella)	1	12 to 15 months		
Pneumococcal	1	2 months		
	2	4 months		
	3	6 months		
	4	12 to 15 months		
*Varicella <sup>2</sup> (Chickenpox)	1	12 to 15 months		
Influenza (Flu)	1	Every fall 6 months and older		

- 1 This vaccination is not required for all children. Discuss this vaccine with your child's practitioner.
  - 2 If your child has had chicken pox, record the date on the chart above. A vaccine is not necessary if your child has already had the disease.
- \* More vaccinations are required after 24-months. Talk with your child's practitioner about additional vaccinations.

Send this card back when it is complete:

VACCINE	DOSE	RECOMMENDED AGE TO RECEIVE	CLINIC WHERE RECEIVED	DATE (M/D/Y)
Hepatitis A	1	12 months		
	2	18 to 30 months		
Hepatitis B	1	birth		
	2	1 to 4 months		
	3	6 to 18 months		
Rota <sup>1</sup> (Rotavirus)	1	2 months		
	2	4 months		
	3	6 months		
D'TaP (Diphtheria, Tetanus, Pertussis)	1	2 months		
	2	4 months		
	3	6 months		
	4	15 to 18 months		
Hib (Haemophilus influenzae b)	1	2 months		
	2	4 months		
	3	6 months <sup>1</sup>		
	4	12 to 15 months <sup>1</sup>		
Polio	1	2 months		
	2	4 months		
	3	6 to 18 months		
*MMR(Measles, Mumps, Rubella)	1	12 to 15 months		
Pneumococcal	1	2 months		
	2	4 months		
	3	6 months		
	4	12 to 15 months		
*Varicella <sup>2</sup> (Chickenpox)	1	12 to 15 months		
Influenza (Flu)	1	Every fall 6 months and older		

- 1 This vaccination is not required for all children. Discuss this vaccine with your child's practitioner.
  - 2 If your child has had chicken pox, record the date on the chart above. A vaccine is not necessary if your child has already had the disease.
- \* More vaccinations are required after 24-months. Talk with your child's practitioner about additional vaccinations.

Child's Name \_\_\_\_\_

Your Name \_\_\_\_\_

Your Unity Subscriber Number \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_