

Important Information

Child's Name: _____

Date of Birth: _____

Parent/Guardian Names: _____

Home Telephone: _____

Work Telephones: _____

Address: _____

Important Health Problems/Allergies: _____

Medications Taken Regularly: _____

Doctor Names and Phone Numbers: _____

Dentist's Name and Phone Number: _____

Health Insurance Numbers: _____

Pharmacy Names and Phone Numbers: _____

Poison Control Center Number: _____

Immunization Record

Use this chart or an official immunization card to keep track of your child's immunizations. Go to the immunizations section for more information. Significant reactions should be recorded and reported to your health care provider immediately.

Type of Immunization		Enter Dates, Name/Initials of Provider and Other Information Below				
Hepatitis B	Dates Received Provider/Clinic					
Diphtheria Tetanus, Pertussis (DTaP)	Dates Received Provider/Clinic					
Tetanus and Diphtheria	Dates Received Provider/Clinic					
Haemophilus Influenzae type b	Dates Received Provider/Clinic					
Poliovirus	Dates Received Provider/Clinic					
Measels, Mumps, Rubella	Dates Received Provider/Clinic					
Chicken Pox (Varicella)						
Pneumococcal Disease (PCV)	Dates Received Provider/Clinic					
Hepatitis A	Dates Received Provider/Clinic					
Influenza	Dates Received Provider/Clinic					

Test and Exam Record

You can keep track of tests or exams your child has by using the chart below.

Type of Test or Exam		Enter Date/Age, Results and Other Information					
Newborn Screening (p. 9) Schedule: Before 7 days old*	Date/Age						
Vision Test (p. 12) Schedule: First test before 5 years old*	Date/Age						
Hearing Test (p. 12) Schedule: *	Date/Age						
Lead Test (p. 13) Schedule: First test by 1-2 years old*	Date/Age						
Tuberculosis Skin Test (p. 14) Schedule: If needed.*	Date/Age						
Dental Visit (p. 21) Schedule: *	Date/Age						

* Discuss your child's specific needs with his or her doctor or nurse.

