



# ST. ROSE OF LIMA

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## EARLY CHILDHOOD CENTER

3600 Brinkman Road | Houston, Texas 77018  
 713. 692.1941 | FAX: 713-275-3997  
[www.stroselima.org/ecc/home](http://www.stroselima.org/ecc/home)

### Immunization Record

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

DATE	VACCINE	VALIDATION
_____	IPV 1	_____
_____	IPV 2	_____
_____	IPV 3	_____
_____	IPV 4	_____
_____	DTP/DTaP 1	_____
_____	DTP/DTaP 2	_____
_____	DTP/DTaP 3	_____
_____	DTP/DTaP 4	_____
_____	Hib 1	_____
_____	Hib 2	_____
_____	Hib 3	_____
_____	Hib 4	_____
_____	MMR	_____
_____	Varicella	_____
_____	PCV	_____
_____	PCV	_____
_____	PCV	_____
_____	PCV	_____
_____	Hep A	_____
_____	Hep A	_____
_____	Hep B	_____
_____	Hep B	_____
_____	Hep B	_____

\_\_\_\_\_ has been examined by me and found free of infectious and contagious disease and is physically and mentally able to participate in day care.

Signature of Physician

Date