



St. Rose of Lima Catholic Community
 3600 Brinkman Road
 Houston, Texas 77018
 713/ 692-9123 Parish Office
 713/ 692-1941 Early Childhood Center



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 7	_____
_____	PCV 7	_____
_____	PCV 7	_____
_____	PCV 7	_____
_____	Hep A	_____
_____	Hep A	_____

_____ 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 _____