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| Immunization History  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    Enter the date an immunization was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all child care facilities to have this information on file.    **Enter date of each dose - Month/Day/Year**     |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **VACCINE** | **#1** | **#2** | **#3** | **#4** | **#5** | | \*DTP / DT (circle which) |  |  |  |  |  | | \*Polio |  |  |  |  |  | | \*\*Hib |  |  |  |  |  | | \*Hepatitis B |  |  |  |  |  | | \*MMR  (combined doses) |  |  |  |  |  | | \*\*\*Chicken Pox |  |  |  |  |  | | OTHER |  |  |  |  |  | | OTHER |  |  |  |  |  |       \*Required by state law.  \*\*Required by state law, however the requirement for the booster dose, #4, is temporarily suspended. \*\*\*Required by State law for children born on or after 4/1/01.             |  |  | | --- | --- | | **Records Updated by:** | **Date Updated:** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |
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