

Vaccination Record

Name _____

Vaccine	Start Date	# of Doses	Date Given	Initials
Inactivated Influenza	4 to 6 months	1		
Tetanus/Diphtheria/ Accellular Pertussis (Tdap)	12 months	4 to 5	_____ _____ _____ _____	_____ _____ _____ _____
Haemophilus Infl. Conjugate (Hib)	12 months	4 to 5	_____ _____ _____ _____	_____ _____ _____ _____
Inactivated Polio	12 months	4 to 5	_____ _____ _____ _____	_____ _____ _____ _____

Vaccine	Start Date	# of Doses	Date Given	Initials
Pneumococcal conjugate (PCV)	12 months	4 to 5	_____ _____ _____ _____	_____ _____ _____ _____
Hepatitis A and B (Recombinant)	12 months	3	_____ _____ _____	_____ _____ _____
Zoster Vaccine Recombinant	12 months	2	_____ _____	_____ _____
Measles/Mumps/ Rubella	24 months	1 to 2	_____ _____	_____ _____



Memorial Sloan Kettering
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