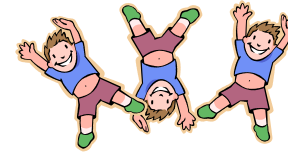


## CHILDHOOD IMMUNIZATION RECORD

Name	Date of Birth				
Hepatitis B					
Diphtheria Tetanus Pertussis (DTaP)					
Haemophilus influenzae type b (Hib)					
Pneumococcal (PCV)					
Varicella					
Polio (IPV)					
Measles, Mumps Rubella (MMR)					
Hepatitis A					
Influenza - yearly					
HPV (optional)					



### MY HEALTH RECORD

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_



*Your Child's Health is Our Passion!*

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