building blocks
early education centers

Build them *RIGHT*, from the Start!
1428 Ireland Dr• Fayetteville, NC 28304• (910) 483-7564 Office• www.fayettevillechristian.com

Immunization History

Name of Child _____ 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 for children born on or after 10/1/88**
***** Required by State law for children born on or after 7/1/94**
****** Required by State law for children born on or after 4/1/01**

Records Updated By:	Date Updated