STATE OF OKLAHOMA

OFFICIAL VACCINATION RECORD

Immunization Service

Oklahoma State Department of Health

PARENTS

- **SAVE THIS RECORD!** You will need it to enroll your child in child care and school.
- Keep this record in a **safe place**.
- **ALWAYS** take it to any type of health care visit.
- If you think your child is "**too sick to get a shot**" your child probably needs to see the doctor anyway.
- YES! Your baby's immune system can handle several shots at the same time.

QUESTIONS? 1.800.234.6196

HEALTH CARE PROVIDERS:

Record combination vaccines in the rows for each antigen.

IF YOU FIND THIS CARD, PLEASE SEND IT TO:

Immunization Service
Oklahoma State Dept. of Health
1000 NE 10TH Street
Oklahoma City, OK 73117-1207

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Child's Name: _____ Date of Birth: ___/___/___

Vaccine Name	Dose & Date Given	Given By
DTaP **DT** **Td** **Tdap** (5DTaP, 1 Tdap)	1	
	2	
	3	
	4	
	5	
	1	
Rotavirus	1	
	2	
	3	
Pneumococcal	1	
	2	
	3	
Meningococcal	1	
	2	
Influenza	1	
	2	
MMR	1	
	2	
Hib	1	
	2	
	3	
Polio	1	
	2	
	3	
	4	
Varicella	1	
	2	
HepB	1	
	2	
	3	
HepA	1	
	2	
HPV* <15yrs = 2 doses ≥15yrs = 3 doses	1	
	2	
	3	

MEDICAL NOTES (i.e. allergies, vaccines, reactions, etc.)