

Immunization Record/Record in Wā in Ajiri



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LAST NAME/Last Name Ne Am

FIRST NAME/Etam

M.I./Middle initial

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BIRTHDATE (mm/dd/yy) Raan in Lotak

MEDICAL NOTES (allergies, vaccine reactions, etc.)

Melele ko ikijjien uno/mona ko ajiri ne nejum ej kadoki, wawein rej walok elikin an wa, ko jet

INSTRUCTIONS/KILEN KANNE

Record the Type (HepB) and the Date (m/d/yy) for each vaccination given. For combination vaccine HepB), complete a row under each separate antigen in the combination. Take a copy of your immunization record with you when you visit a healthcare professional. Have them assist you in completing the form. For information about the vaccines and recommended immunization schedules, see the Center for Disease Control and Prevention website at <http://www.cdc.gov/vaccines>

Rõt (HeþB) im Raan Eo Ekar Wā (Allōñ/Raan/liōñ) ñan kajjojo wā ko emōj an bōki. Ikijjiwn wā ko ñan iññ kcin pññimji (ajñwet Hih HōB), kappo iññ iññ iññ in pññ ñan kajjojo iññ. Bñk pññ in pññ in u

Vaccine/Wā	Type/Wā Rōt	Date Given (m/d/yy) Raam Eo Ekar Wā	Administered By (clinic, doctor, etc)/ Ekar Wā Ippen Won (clinic, takto, etc)	Next Dose Date/Ej Bar Wā Nāāt
Hepatitis B (HepB, Hib-HepB, HepA-HepB, DTaP-HepB-IPV)				
Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT, Td, Tdap, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, DTaP/Hib) boosters				
Haemophilus influenzae type b (Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib)				
Pneumococcal (PCV7, PCV13, PPSV23)				
Polio (IPV, OPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV)				

Vaccine/ Wā	Type/ Wā Rōt	Date Given (m/d/yy) /Raan Eo Ekar Wā	Administered By (clinic, doctor, etc)/ Ekar Wā Ippen Won (clinic, takto, etc)
Hepatitis A (HepA, HepA-HepB)			
Meningococcal (MCV4, MPSV4)			
Human papillomavirus (HPV4, HPV2)			
Zoster (shingles)			
Influenza (yearly) (TIV, LAIV)			
Other/Ko Jet			

Rotavirus (RV1, RV5, RV [unknown])				
Measles, Mumps, & Rubella (MMR, MMRV)				
Varicella (chickenpox) (VAR, MMRV)				

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See Vertex42.com for additional Schedules and Templates.



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