CARYFBC WEEKDAY PRESCHOOL

IMMUNIZATION HISTORY
2019-2020

Name of Child _____

Date of Birth _____

Name of Parents _____

Doctor/Office Staff:

1. ***Enter the date an immunization was received in the space below,***
   OR attach a copy of the immunization record.
2. **PLEASE** ***sign below to confirm immunizations are current.***

Enter date of each dose – Month/Day/Year

VACCINE	#1	#2	#3	#4	#5
*DTP/DT (circle which)					
*Polio					XXXXXXXXXX
**Hib					XXXXXXXXXX
***Hepatitis B				XXXXXXXXXX	XXXXXXXXXX
*MMR (combined doses)			XXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX XXXXXXXXXX
****Combined 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.
G.S. 130A-155(b) requires all child care facilities to have this information on file.

I certify that this child, according to our records, is current on all required vaccinations.

Doctor's Signature_____ Date_____

Address _____

FBC Weekday Preschool ▪ 218 S. Academy Street ▪ Cary, NC 27511
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