

BC ROUTINE CHILDHOOD IMMUNIZATION RECORD

CHART #

Note: This can be used as a quick reference or as a patient chart.

| CHILD'S NAME | D.O.B. | | | PHONE# | | |
|---|--|----------|----------|-------------------|-----------|-----------------------|
| Vaccine MSP Billing Code | 2 months | 4 months | 6 months | 12 months | 18 months | 4-6 years |
| | SITE KEY: LA = LEFT ARM / RA = RIGHT ARM / LL = LEFT LEG / RL = RIGHT LEG | | | | | |
| DTaP-HB-IPV-Hib (IM) (Diphtheria, Tetanus, Pertussis, Hepatitis B, Polio, Haemophilus influenzae type b) 10027 | DOSE #1 | DOSE #2 | DOSE #3 | | | |
| | LL RL | LL RL | LL RL | | | |
| | LOT# | LOT# | LOT# | | | |
| | YY/MM/DD | YY/MM/DD | YY/MM/DD | | | |
| Pneumococcal Conjugate (IM) 10023 | DOSE #1 | DOSE #2 | | DOSE #3 | | |
| | LL RL | LL RL | | LA RA LL RL | | |
| | LOT# | LOT# | | LOT# | | |
| | YY/MM/DD | YY/MM/DD | | YY/MM/DD | | |
| Rotavirus (PO) 10029 | DOSE #1 | DOSE #2 | | | | |
| | ORAL | ORAL | | | | |
| | LOT# | LOT# | | | | |
| | YY/MM/DD | YY/MM/DD | | | | |
| Meningococcal C Conjugate (IM) 10020 | DOSE #1 | | | DOSE #2 | | |
| | LL RL | | | LA RA LL RL | | |
| | LOT# | | | LOT# | | |
| | YY/MM/DD | | | YY/MM/DD | | |
| MMR (SC) (Measles, Mumps, Rubella) 10022 | Any doses given before the first birthday will be considered invalid and should be repeated. | | | DOSE #1 | | |
| | | | | LA RA | | |
| | | | | LOT# | | |
| | | | | YY/MM/DD | | |
| Varicella (SC) (Chickenpox) 10026 | Any doses given before the first birthday will be considered invalid and should be repeated. | | | DOSE #1 | | |
| | | | | LA RA | | |
| | | | | LOT# | | |
| | | | | YY/MM/DD | | |
| DTaP-IPV-Hib (IM) (Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b) 10011 | | | | | BOOSTER | |
| | | | | | LA RA | |
| | | | | | LOT# | |
| | | | | | YY/MM/DD | |
| Tdap-IPV (IM) (Tetanus, Diphtheria, Pertussis, Polio) 10010 | | | | | | BOOSTER |
| | | | | | | LA RA |
| | | | | | | LOT# |
| | | | | | | YY/MM/DD |
| MMRV (SC) (Measles, Mumps, Rubella, Varicella) 10030 | | | | | | MMR/VARICELLA DOSE #2 |
| | | | | | | LA RA |
| | | | | | | LOT# |
| | | | | | | YY/MM/DD |
| Hepatitis A (IM) *Offered to Indigenous children 10016 | | | DOSE #1 | | DOSE #2 | |
| | | | LL RL | | LA RA | |
| | | | LOT# | | LOT# | |
| | | | YY/MM/DD | | YY/MM/DD | |

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Annual influenza (flu) vaccination is recommended for children 6-59 months of age. A second dose is needed 4 weeks after the first dose if a child less than 9 years of age is receiving the vaccine for the first time. 10015



GIVE THEM ALL! GIVE THEM ON TIME!