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 |
|---|---|
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