

Inoculation Record

NAME: _____ **DOB:** _____ **SEX:** _____

_____ **1** **2** **3** **4** **5** **Booster** **Booster**

DTP

Td

Dt

_____ **1** **2** **3** **4** **5**

Polio

_____ **1** **2**

MMR

_____ **1** **2** **3** **4**

Hib

_____ **1** **2** **3**

Hepatitis

_____ **1** **2** **3** **4** **5**

Influenza

_____ **1** **2** **3** **4** **5**

Other

TB SKIN TEST:

Type of Test:

Result:

Type of Test:

Result:

Type of Test:

Result:

Type of Test:

Result:

Type of Test:

Result:

Comments:

**DTP: diphtheria, tetanus, pertussis (whooping cough); MMR: measles, mumps, rubella;
HIB: Hib meningitis (haemophilus influenza B)**