**Immunization and Vaccination**

**YOUR**

**LOGO**

**HERE**

**Schedule Template**

**Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date(mm/dd/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Medical Notes (allergies, vaccine reactions, etc.** | | | | |
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| **Vaccine** | **Type** | **Date Given** | **Administered By** | **Next Dose Date** |
| (Vaccine name) |  | (mm/dd/yy) | (clinic, doctor, etc.) |  |
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| (Vaccine name) |  |  |  |  |
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