**YOUR LOGO HERE**

**Immunization and Vaccination Schedule Template**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child Name:** | |  | | | |
| **Date of Birth:** | |  | | | |
|  | | | | | |
| **Age** | **Vaccine** | | **Date** | **Administered by** | **Appointment / Notes** |
| **2 Months** | Hepa B: 1st Dose | |  |  |  |
|  | Hepa B: 2nd Dose | |  |  |  |
|  | RV 1st Dose | |  |  |  |
|  | DTap: 1st Dose | |  |  |  |
|  | Hib: Ist Dose | |  |  |  |
|  | IPV: 1st Dose | |  |  |  |
| **4 Months** | Hepa B: 1st Dose | |  |  |  |
|  | Hepa B: 2nd Dose | |  |  |  |
|  | RV 1st Dose | |  |  |  |
|  | DTap: 1st Dose | |  |  |  |
|  | Hib: Ist Dose | |  |  |  |
|  | IPV: 1st Dose | |  |  |  |
| **6 Months** | Hepa B: 1st Dose | |  |  |  |
|  | Hepa B: 2nd Dose | |  |  |  |
|  | RV 1st Dose | |  |  |  |
|  | DTap: 1st Dose | |  |  |  |
|  | Hib: Ist Dose | |  |  |  |
|  | IPV: 1st Dose | |  |  |  |
| **12 Months** | Hepa B: 1st Dose | |  |  |  |
|  | Hepa B: 2nd Dose | |  |  |  |
|  | RV 1st Dose | |  |  |  |
|  | DTap: 1st Dose | |  |  |  |
|  | Hib: Ist Dose | |  |  |  |
|  | IPV: 1st Dose | |  |  |  |
| **15 Months** | Hepa B: 1st Dose | |  |  |  |
|  | Hepa B: 2nd Dose | |  |  |  |
|  | RV 1st Dose | |  |  |  |
|  | DTap: 1st Dose | |  |  |  |
|  | Hib: Ist Dose | |  |  |  |
|  | IPV: 1st Dose | |  |  |  |
| **2 Years** | Hepa B: 1st Dose | |  |  |  |
|  | Hepa B: 2nd Dose | |  |  |  |
|  | RV 1st Dose | |  |  |  |
|  | DTap: 1st Dose | |  |  |  |
|  | Hib: Ist Dose | |  |  |  |
|  | IPV: 1st Dose | |  |  |  |
| **4 – 6 Years** | Hepa B: 1st Dose | |  |  |  |
|  | Hepa B: 2nd Dose | |  |  |  |
|  | RV 1st Dose | |  |  |  |
|  | DTap: 1st Dose | |  |  |  |
|  | Hib: Ist Dose | |  |  |  |
|  | IPV: 1st Dose | |  |  |  |