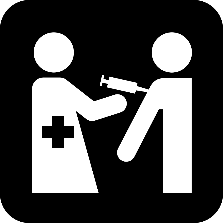
**Immunization and Vaccination Schedule**

**YOUR**

**LOGO**

**HERE**

**Template**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Allergies:** | | | |  | |
| **Birthdate:** |  | | | | **Vaccine Reactions:** | | | |  | |
|  | | | | | | | | | | |
| **Vaccine** | | | **Date Given** | | | **Next Dose Due** | | | **Medical Notes** | |
|  | | |  | | |  | | |  | |
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| **Medical Tests** | | | | | | | | | | |
| **Type** | | **Date Given** | | **Given by** | | | **Date read** | **Read by** | | **Impression** |
|  | |  | |  | | |  |  | |  |
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**Interpretation:**

Normal:  abnormal

Person is free of communicable tuberculosis:  yes:  no