**Immunization and Vaccination Schedule Template**

**YOUR**

**LOGO**

**HERE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| My child's name is | |  | | My child's birthday is | |  |
| My child's doctor is | |  | | My child's birthday is | |  |
| **Age** | **Immunization** | | **Dose** | | **Date given** | **Notes** |
| 2 months | *Hepatitis B (Hep B)*  *Diphtheria, tetanus, and pertussis (DTaP)*  *Haemophiles influenzae type b (Hib)*  *Hepatitis B (Hep B)*  *Pneumococcal (PCV)*  *Polio (IPV)*  *Rotavirus* | |  | |  |  |
| 4 months | *DTaP*  *Haemophiles influenzae type b (Hib)*  *Pneumococcal (PCV)*  *Polio (IPV)*  *Rotavirus* | |  | |  |  |
| 6 months | *DTaP*  *Haemophiles influenzae type b (Hib)*  *Hepatitis B (Hep B)*  *Pneumococcal (PCV)*  *Polio (IPV)*  *Rotavirus* | |  | |  |  |
| 6 months and older | *Flu (influenza)* | |  | |  |  |
| 12 months | *Chickenpox (varicella)*  *Haemophiles influenzae type b (Hib)*  *Hepatitis A (Hep A)*  *Measles, mumps, rubella (MMR)*  *Pneumococcal (PCV)* | |  | |  |  |
| 15 months | *DTaP* | |  | |  |  |
| 18 months | *Hepatitis A (Hep A)* | |  | |  |  |
| 4 years | *Chickenpox (varicella)*  *DTaP*  *MMR*  *Polio (IPV)* | |  | |  |  |
| 11 years and older | *Human papillomavirus (HPV)* | |  | |  |  |