

Your child must comply with Colorado's immunization law to be enrolled in school. Retain this document as proof of immunization. Su niño/a debe cumplir con la ley de inmunización de Colorado para poder inscribirse en la escuela. Guarde este documento como prueba de vacunas.



ALLERGIES (Alergias)

BIRTHDATE (Fecha De Nacimiento)

NAME (Nombre)

REGISTRO DE INMUNIZACION
CHILD IMMUNIZATION RECORD
 COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT

IMPORTANT NOTES

- Parents are the most important factor in making sure their children and teens are protected. It is important to talk with your child's health care provider at each visit to ensure your child is fully protected at all times.
- A vaccination health record helps you and your healthcare provider keep your child's vaccinations on schedule. If you move or change providers, having an accurate record might prevent your child from repeating vaccinations he or she has already had. A shot record should be started when your child receives his/her first vaccination and updated with each vaccination visit. **Bring this record to every visit.**
- If you have questions or need to know where you can get immunizations for your child, call the Colorado HELP Line at 1-877-462-2911.

PRESENT THIS RECORD AT EACH VISIT
En Cada Visita Muestre este Registro de Inmunizacion

CPR-RC

August 2007

Age	Hep B	DTap/	Hib	Polio	PCV	Rota	MMR	Varicella	Hep A	HPV	MCV4	Influenza
Birth	✓											
2 months	✓	1-2 m	✓	✓	✓	✓						
4 months	✓	✓	✓	✓	✓	✓						
6 months	✓	✓	✓	✓	✓	✓						
12-18 months	✓	✓	✓	✓	✓	✓	✓	✓	✓			
19-23 months												
24-47 months												
4-6 years												
11-12 years		✓										
13-14 years		✓										
15 years												
16-18 years												

When Do Children and Teens Need Vaccinations?
 Please note: Your child may need additional vaccines and possibly less doses of the vaccines listed below depending on the type of vaccine that your healthcare provider uses. Talk to your healthcare provider. Additionally, if your child's vaccinations are delayed or missed entirely, they should be given as soon as possible. ☐ = Catch-up dose

VACCINE <i>vacuna</i>		VACCINE TYPE	DATE GIVEN <i>dada en la fecha</i>	DOCTOR OR CLINIC <i>doctor o clínica</i>	DATE NEXT DUE <i>próxima vacuna</i>
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	1				
	2				
	3				
	4	if dose #3 given before age 24 weeks			
Diphtheria, Tetanus, Pertussis (<i>Difteria, Tétanos, Tos Ferina</i>) (e.g., DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td, Tdap)	1				
	2				
	3				
	4				
	5				
	6				
Haemophilus influenzae type b (<i>Influenzae Haemophilus tipo b</i>) (e.g., Hib, Hib-HepB, DTaP-Hib)	1				
	2				
	3				
	4	if dose #3 given before age 12 months			
Polio (Antipolio-mielítica) (e.g., IPV, DTaP-HepB-IPV)	1				
	2				
	3				
	4				
Pneumococcal (Neumocócica Conjugada) (e.g., PCV7 conjugate; PPV23, polysaccharide)	1				
	2				
	3				
	4				
Measles, Mumps, Rubella (Sarampión, Paperas, Rubéola) (MMR, MMRV)	1				
	2				
Varicella (Varicela) (Var, MMRV)	1				
	2				
<input type="checkbox"/> Check this box if this child has a healthcare provider-certified reliable history of chickenpox. Date certified ___/___/____. A reliable history of chickenpox is defined as: 1) healthcare provider interpretation and verification of parent/guardian description of chickenpox; 2) healthcare provider diagnosis of chickenpox; or 3) laboratory proof of immunity.					
Human Papillomavirus (Virus del papiloma humano) (e.g., HPV)	1				
	2				
	3				
Rotavirus (e.g., Rota)	1				
	2				
	3				
Meningococcal (Meningocócicas) (e.g., MCV4, conjugate; MPSV4, polysaccharide)	1				
	2				
	3				
Hepatitis A (e.g., HepA, HepA-HepB)	1				
	2				
Influenza (e.g., TIV, LAIV)	1				
	2				