Indiana State
Department of Health

OFFICIAL IMMUNIZATION RECORD

Name _____ Birth Date _____

Parent's Name _____

Vaccine	Antigen(s)	Maker	Date (mm/dd/yy)	Provider Signature
Hepatitis B e.g., HepB, HepB-Hib, DTaP-HepB-IPV				
Diptheria, Tetanus, Pertussis e.g., DTaP, DT, DTaP-Hib, DTaP-HepB-IPV				
Td, Tdap				
Haemophilus influenzae type B e.g., Hib, HepB-Hib, DTaP-Hib				
Polio e.g., IPV, DTaP-HepB-IPV				
Pneumococcal PCV (conjugate) PPV (poly-saccharide)				

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