



Children may benefit from other non-publicly funded vaccines. Speak to your health care provider.

Other Immunizations (e.g. travel, hepatitis A)

Type of Immunization	Date given (y,m,d)

Influenza (Flu) Vaccine

Date given (y,m,d)	Date given (y,m,d)	Date given (y,m,d)

My Notes (e.g. allergy history, vaccine reactions)

If you have questions call:

Doctor's phone number:

Public Health Unit phone number:

HealthLinkBC at 8-1-1

For more immunization information,
visit ImmunizeBC.ca



Childhood Immunization Record

For best protection, get all immunizations on time.

Name

Date of Birth

Personal Health Number

Phone Number

This is a permanent record.
Keep it in a safe place.



ImmunizeBC

Immunization Schedule

Immunization schedules can change • Visit ImmunizeBC.ca for the most up to date schedule.

2 months of age - 1st set of immunizations

Date (y/m/d)

- Diphtheria, Pertussis, Tetanus, Polio, *Haemophilus influenzae* type b (Hib), Hepatitis B _____
- Pneumococcal Conjugate _____
- Meningococcal C Conjugate _____
- Rotavirus _____

4 months of age - 2nd set of immunizations

Date (y/m/d)

- Diphtheria, Pertussis, Tetanus, Polio, *Haemophilus influenzae* type b (Hib), Hepatitis B _____
- Pneumococcal Conjugate _____
- Rotavirus _____

6 months of age - 3rd set of immunizations

Date (y/m/d)

- Diphtheria, Pertussis, Tetanus, Polio, *Haemophilus influenzae* type b (Hib), Hepatitis B _____

Yearly influenza (flu) immunization is recommended for infants and children during the influenza season. Please speak with your immunization provider for more information. Record your child's influenza vaccine on the back of this card.

On 1st birthday (or soon after) - 4th set of immunizations

Date (y/m/d)

- MMR (Measles, Mumps, Rubella) _____
- Pneumococcal Conjugate _____
- Meningococcal C Conjugate _____
- Varicella (Chickenpox) _____

18 months of age - 5th set of immunizations

Date (y/m/d)

- Diphtheria, Pertussis, Tetanus, Polio, *Haemophilus influenzae* type b (Hib) _____

Starting at 4 years of age (Kindergarten)

Date (y/m/d)

- Diphtheria, Pertussis, Tetanus, Polio _____
- MMRV (Measles, Mumps, Rubella, Varicella) _____

Grade 6

Date (y/m/d)

- Human Papillomavirus (HPV) _____
- Hepatitis B (if not already immunized) _____
- Varicella (Chickenpox) (if not already immunized or had disease) _____

Grade 9

Date (y/m/d)

- Tetanus, Diphtheria, Pertussis _____
- Meningococcal Quadrivalent Conjugate _____