

1.	Date Received	Doctor or Clinic
2.		
3.		
4.		

HEPATITIS B

1.	Date Received	Doctor or Clinic
2.		
3.		
4.		

DIPHTHERIA, TETANUS AND
ACELLULAR PERTUSSIS*

1.	Date Received	Doctor or Clinic
2.		
3.		
4.		

H. INFLUENZA TYPE B

1.	Date Received	Doctor or Clinic
2.		
3.		
4.		

Immunization Record

1.	Date Received	Doctor or Clinic
2.		
3.		
4.		

PNEUMOCOCCAL CONJUGATE

1.	Date Received	Doctor or Clinic
2.		
3.		
4.		

POLIO*

1.	Date Received	Doctor or Clinic
2.		
3.		
4.		

MEASLES, MUMPS AND RUBELLA*

1.	Date Received	Doctor or Clinic
2.		
3.		
4.		

VARICELLA*

1.	Date Received	Doctor or Clinic
2.		
3.		
4.		

1.	Date Received	Doctor or Clinic
2.		
3.		
4.		

ROTAVIRUS

1.	Date Received	Doctor or Clinic
2.		
3.		
4.		

INFLUENZA*

1.	Date Received	Doctor or Clinic
2.		
3.		
4.		

HEPATITIS A

1.	Date Received	Doctor or Clinic
2.		
3.		
4.		

ALLERGIES

1.	Date Received	Doctor or Clinic
2.		
3.		
4.		

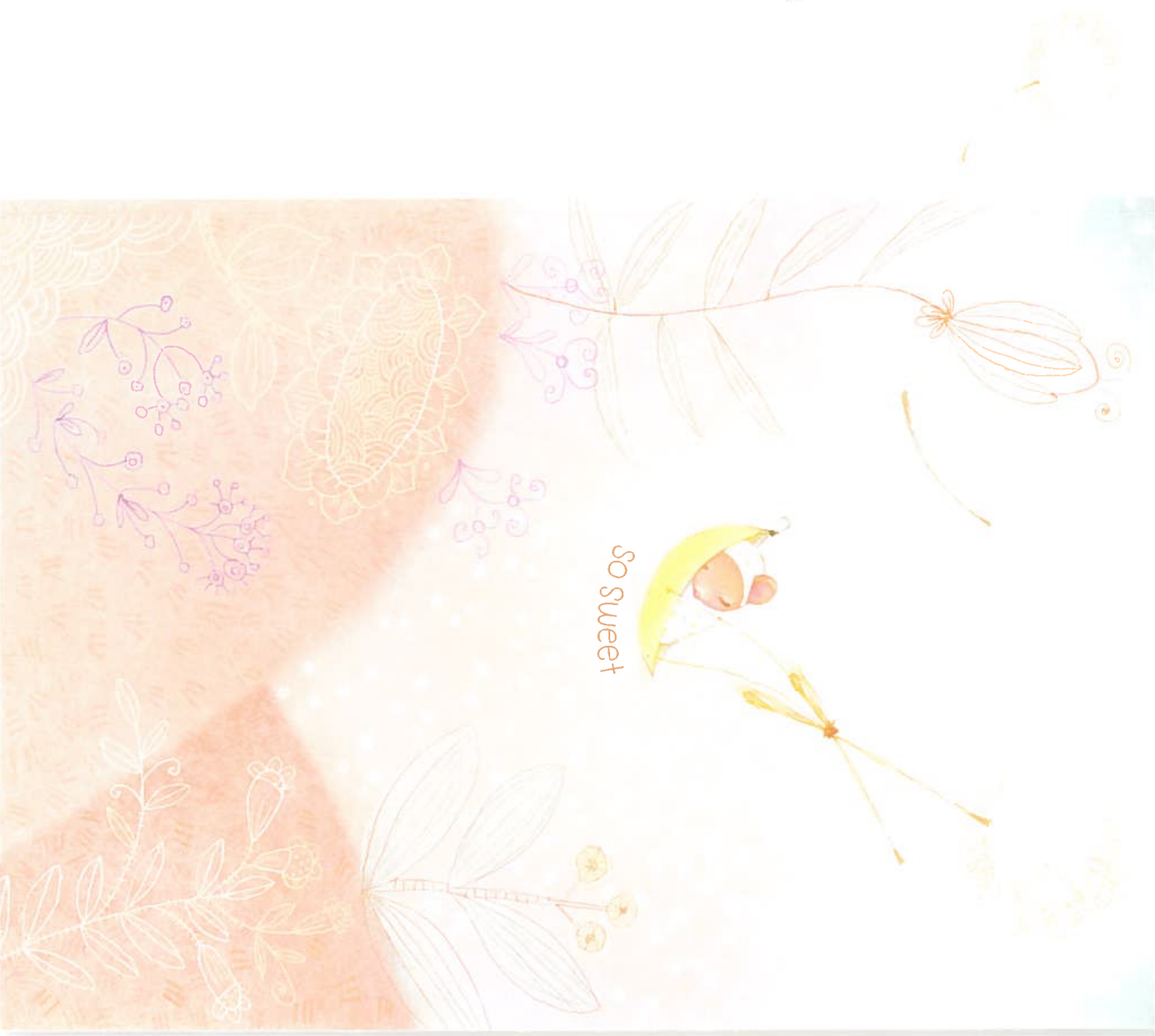
*Additional vaccines recommended after the age of 2.



THIS CARD IS MADE
WITH RECYCLED PAPER.
20% Recycled Fiber

BIM 111-3

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DELICATE.
TINY.
PRECIOUS.
YOURS.

CONGRATULATIONS

Congratulations on the birth of your child!

As proud parents and grandparents, we want to remind you that starting immunizations for your newborn by two months of age is one of the best ways to protect your infant. Please help us ensure that all Georgian babies will be given an opportunity for a safe and healthy life.

Each life is precious

Sandra Deal

Sandra Deal
First Lady of Georgia

Nathan Deal

Nathan Deal
Governor

Growth Chart

[illegible]

Please keep this
immunization record
and take it with you when
visiting Baby's doctor.
To remove the record,
tear gently along the
perforations.

These immunizations are recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices, the American Academy of Pediatrics and the American Academy of Family Physicians.

Immunization Record

Name _____

Birth Date

The following immunizations
are recommended
before the age of 2.