



Baby Shots



	Vaccine Type (circle specific type given)	Date Given	Doctor or Clinic	Date Next Due
1	DTaP/DT/Td			
2	DTaP/DT/Td			
3	DTaP/DT/Td			
4	DTaP/DT/Td			
5	DTaP/DT/Td			
1	Tdap/Td			
1	Hib			
2	Hib			
3	Hib			
4	Hib			
1	IPV			
2	IPV			
3	IPV			
4	IPV			
5	IPV			
1	MMR/MMRV			
2	MMR/MMRV			
1	Varicella			
2	Varicella			
1	Rotavirus			
2	Rotavirus			
3	Rotavirus			
1	PCV			
2	PCV			
3	PCV			
4	PCV			
1	MCV			
2	MCV			
1	HPV			
2	HPV			
3	HPV			



4052 Bald Cypress Way, Bin A11
 Tallahassee, FL 32399-1719
 Phone: 850-245-4342
 Fax: 850-922-4195
www.ImmunizeFlorida.org



Immunizing Florida. Protecting Health.

Protect your child.



Don't Miss Opportunities to Vaccinate

Encourage your healthcare provider to give all age-appropriate shots to your child at every visit. Immunizations help keep your child safe from disease and cut down on sick visits to your doctor's office.

Personal Immunization Record

Use this card for keeping up-to-date with your child's shots and carry it in your wallet for easy reference. Make sure your doctor writes your child's shots on this immunization record at every visit.

Key to Immunization Schedule and Record

Shot	Diseases
Hib	<i>Haemophilus influenzae</i> type B
Hep A	Hepatitis A
Hep B	Hepatitis B
MMR	Measles-Mumps-Rubella
VZV	Varicella (chickenpox)
DTaP	Diphtheria-Tetanus-Pertussis (whooping cough)
DT	Diphtheria-Tetanus
Td	Tetanus-Diphtheria
Tdap	Tetanus-Diphtheria-Pertussis (whooping cough)
IPV	Inactivated Polio Vaccine
PCV	Pneumococcal Conjugate Vaccine
IIV	Inactivated Influenza Vaccine
LAIV	Live Attenuated Influenza Vaccine
MCV	Meningococcal Conjugate Vaccine
HPV	Human Papillomavirus Vaccine

Recommended Childhood Immunization Schedule

Age	Shot
Birth	Hep B
2 months	DTaP, Hep B, Hib, IPV, PCV, Rotavirus
4 months	DTaP, Hib, IPV, PCV, Rotavirus
6 months	DTaP, Hib, PCV, Rotavirus*, Flu
6-18 months	Hep B, IPV
12-15 months	MMR, VZV, PCV, Hib
12-23 months	Hep A (2 doses)
15-18 months	DTaP
4-6 years	DTaP, IPV, MMR, VZV
11-12 years	Tdap, HPV (3 doses), MCV
13-18 years	Consult with your healthcare provider

* May not be necessary depending on brand.

What Your Child Needs For Protection Against Serious Childhood Diseases

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines. Any dose not given at the recommended age should be given at the next visit, when possible. If your child has not had shots or is behind in getting them, make an appointment now. For additional information regarding the vaccination schedule, contact your healthcare provider or County Health Department (for a complete County Health Department listing visit: www.FloridasHealth.com/chdsitelist.htm).

For complete immunization schedules visit the Centers for Disease Control and Prevention (CDC) website at www.cdc.gov/vaccines/recs/schedules/.



Vaccine Type (circle specific type given)		Date Given	Doctor or Clinic	Date Next Due
1	Hep B			
2	Hep B			
3	Hep B			
1	Hep A			
2	Hep A			
Other				

Please fold on dotted line

1	*Flu (IIV/LAIV)			
2	*Flu (IIV/LAIV)			
Yearly	*Flu (IIV/LAIV)			
Yearly	*Flu (IIV/LAIV)			
Other				
Other				
Other				

All children ages 6 months through 8 years who receive influenza vaccine for the first time should be given 2 doses. Children who receive only one dose in the first year of vaccination should receive two doses in their second year of vaccination.

*Seasonal

Please fold on dotted line

Immunization Record



Name _____
(Last, First, MI)

Date of Birth _____

Physician or Clinic _____

Notice to parents: Please take this card with you when you visit your doctor or clinic and have them fill in the information.