

Children may benefit from other vaccines that are available for purchase. Speak to your health care provider.

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

Type of Vaccine	Date given (y/m/d)	Type of Vaccine	Date given (y/m/d)

Influenza (Flu) Vaccine

Type of Vaccine	Date given (y/m/d)	Type of Vaccine	Date given (y/m/d)

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

For more information:

- Speak to your health care provider
- Visit www.immunizebc.ca
- Call HealthLink BC at 8-1-1

 **CANImmunize**
A free immunization tracking app.
www.canimmunize.ca



01/20

Childhood Immunization Record

Immunization is one of the best ways to protect your child's health.

Name

Date of Birth

Personal Health Number

Phone Number

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



ImmunizeBC

Vaccine Schedule

Vaccine schedules can change • Visit www.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 _____
- Rotavirus _____

Yearly influenza (flu) immunization is recommended for children 6 months of age and older during the influenza season. Please speak with your health care 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)

- Tetanus, Diphtheria, Pertussis, 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 immune) _____

Grade 9

Date (y/m/d)

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