M. IMMUNIZATION RECORD

Infant's last name

First name

For each question indicate who is the source for this information.
Use the Source Code Table placed on the right.

Source of information
☐ BP ☐ GP ☐ AP ☐ Ph ☐ HR ☐ O →

1 Has the infant ever received immunizations or shots?

000 ☐ Yes 000 ☐ No → STOP

Source of information
☐ BP ☐ GP ☐ AP ☐ Ph ☐ HR ☐ O →

2 Please list all of the immunizations the infant has ever been given, beginning with the most recent:

Source Code Table

BP ..... Biological Mother/Father
GP ..... Grandmother/Father
AP ..... Adoptive or Foster Parents
Ph ..... Physician
HR ..... Health records
O ..... Other (specify)

	Name of immunization (shot)	Date given (Month / Day / Year)	Approx. time (Military Time)	Comments
Immunization 1.....		/ /	:	
Immunization 2.....		/ /	:	
Immunization 3.....		/ /	:	
Immunization 4.....		/ /	:	
Immunization 5.....		/ /	:	
Immunization 6.....		/ /	:	
Immunization 7.....		/ /	:	
Immunization 8.....		/ /	:	
Immunization 9.....		/ /	:	
Immunization 10		/ /	:	
Immunization 11		/ /	:	
Immunization 12		/ /	:	
Immunization 13		/ /	:	
Immunization 14		/ /	:	

DRAFT

Section completed on ___/___/_____ at ___:___ by

Where/How