

PROVIDERS: If using combination vaccines, remember to record dose in all appropriate spaces.

VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clínica	NEXT DOSE DUE próxima vacuna
HEPATITIS B	1 1/6/2017	COPY	
	2 2/7/2017		
	3 7/1/2017		
ROTAVIRUS (RV)	1		
	2		
	3		
DIPHTHERIA TETANUS PERTUSSIS (whooping cough) (DTaP/Tdap) [difteria, tétanus y tos ferina]	1 1/6/2009	COPY	
	2 2/3/2009		
	3 3/3/2009		
	4 4/27/2010		
	5 3/16/2017		
	6		
DIPHTHERIA TETANUS (DT/Td) [difteria, tétanus]	1 1/6/2009	Osato Medical Clinic, Inc.	
	2		
HAEMOPHILUS INFLUENZAE TYPE B	1 12/3/2009	COPY	
	2		