

| Vaccine<br>Vacuna                                                                                                                                                      | Vaccine Type*<br>(See other side)<br><i>Tipo de Vacuna*</i><br>( <i>Vea el otro lado</i> ) | Date Given<br><i>Fecha de Vacuna</i>        | Doctor or Clinic<br><i>Médico o Clínica</i> | Date Next Due<br><i>Próxima Vacuna</i> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------|----------------------------------------|
|                                                                                                                                                                        |                                                                                            | Month, Day,<br>Year<br><i>Mes, Día, Año</i> |                                             |                                        |
| Diphtheria, Tetanus,<br>Pertussis (DTaP)<br><i>Difteria, Tétanos, Tos ferina</i><br>or<br>DTP, DT, DTaP/IPV/HepB,<br>DTaP/IPV/Hib, DTaP/IPV,<br>DTaP/Hib               |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
| Haemophilus influenzae type b<br>(Hib)<br><i>Haemophilus influenzae tipo b</i>                                                                                         |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
| Polio (IPV/OPV)<br><i>Poliomyelitis (IPV/OPV)</i>                                                                                                                      |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
| Measles, Mumps, Rubella (MMR)<br><i>Sarampión, Paperas, Rubéola</i>                                                                                                    |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
| Hepatitis A (Hep A)<br><i>Hepatitis tipo A</i><br>( <i>Vea el otro lado</i> )<br><br><i>If combo (Hep A-B)</i>                                                         |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
| Hepatitis B (Hep B)<br><i>Hepatitis tipo B</i>                                                                                                                         |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
| Varicella (Var)<br>(Chickenpox)<br><i>Varicela (Vea el otro lado)</i>                                                                                                  |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
| Rotavirus (Rota)<br><i>Rotavirus</i><br><br>( <i>&lt;8 mo only</i> )<br><i>RV5/RV unknown only</i>                                                                     |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
| Human Papillomavirus (HPV)<br><i>Virus del Papiloma Humano</i>                                                                                                         |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
| Tetanus, Diphtheria,<br>Pertussis (Tdap) or<br>Tetanus, Diphtheria (Td)<br><i>Tétanos, Difteria, Tos ferina</i><br>o <i>Tétanos, Difteria</i><br><i>Cada diez años</i> |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
| Pneumococcal Conjugate (PCV)<br>or Polysaccharide (PPV)<br><i>Neumocócica Conjugada (PCV)</i><br>o <i>Polisacárido (PPV)</i>                                           |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
| Influenza (IIV/RIV/LAIV)<br>(yearly)<br><i>Influenza / Gripe (anualmente)</i>                                                                                          |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
| Meningococcal-ACWY (MCV4)<br><i>Meningocócica-ACWY</i>                                                                                                                 |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
| Meningococcal-B (Men B)<br><i>Meningocócica-B</i><br><br><i>Men B Recomb only</i>                                                                                      |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
| Zoster (ZVL)<br>(Shingles)<br><i>Herpes</i>                                                                                                                            |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
| <b>Other Vaccines / Otras Vacunas†</b>                                                                                                                                 |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |
|                                                                                                                                                                        |                                                                                            |                                             |                                             |                                        |

†Use this section to record travel and other vaccinations. Consult with a travel vaccine specialist to determine which travel vaccinations you may need BEFORE traveling. / Use esta sección para registrar las vacunas para viajar y otras vacunas adicionales. Consulte con un especialista de vacunas de viaje para determinar qué vacunas necesita ANTES de viajar.



This document may not be used to establish identity or as identification. Este documento podría no ser usado para establecer la identidad o como una identificación.

Alergias/Reacciones adversas a las vacunas -

Allergies/Vaccine Reactions -

City/Ciudad -

State/Estado -

Zip Code/Código Postal -

Address/Dirección -

Date of Birth/Fecha de nacimiento -

Name/Nombre y apellido -

WWW.IMMUNIZE-UTAH.ORG

IMMUNIZATION HOTLINE 1-800-275-0659

PERSONAL IMMUNIZATION RECORD REGISTRO PERSONAL DE INMUNIZACION

REV. 07/19

Mantenga esta tarjeta para estar al tanto de sus vacunas por vida.

- Presente esta tarjeta cada vez que visite a su doctor o clinica. importantes.
- Esta es su tarjeta personal de vacunacion. Guárdela con sus otros documentos
- Niños queriendo ingresar a escuelas, guarderías, y programas de Head Start en Utah deben presentar comprobante de vacunacion adecuada, comprobante de enfermedad, o exención de vacunas al momento del registro.

ATENCIÓN PADRES Y TUTORES LEGALES

KEEP THIS CARD TO TRACK YOUR IMMUNIZATIONS FOR LIFE

- Present this card each time you visit your doctor or clinic. documents.
- This is your personal record of immunizations. Keep it with your other important exemption at registration.
- Children enrolling in schools, child care facilities, and Head Start Programs in Utah must present proof of adequate immunizations, proof of disease or proper

ATTENTION PARENTS/GUARDIANS

Hepatitis A - Two doses of the hepatitis A vaccine are recommended for all children beginning at one year of age.
Hepatitis A - Dos dosis de la vacuna hepatitis A son recomendadas para todos los niños a partir de un año de edad.
Vaccine Information: Pneumococcal Conjugate (PCV) or Pneumococcal Polysaccharide (PPV) - PCV is recommended for all children 2-59 months of age...

VACCINE INFORMATION

\*Indicate vaccine type given (DTaP, DTP, Tdap, Td, IPV, OPV, PCV, PPV). \*Indique tipo de vacuna dado (DTaP, DTP, Tdap, Td, IPV, OPV, PCV, PPV).