








DOB:

Name:

Your child will be getting the following vaccines today. Vaccine information sheets, with risks and side effect information, are available. Ask to view a copy or click on the QR codes below.

Vaccine Name	QR Code (Click to visit)
<input type="checkbox"/> Influenza (flu shot)	
<input type="checkbox"/> DTaP vaccine	
<input type="checkbox"/> Hepatitis B vaccine	
<input type="checkbox"/> Polio vaccine	
<input type="checkbox"/> Rotavirus (oral vaccine)	
<input type="checkbox"/> Hib vaccine	
<input type="checkbox"/> Prevnar 13 vaccine	

MMR vaccine



Hepatitis A vaccine



Varicella (chicken pox)



Tdap vaccine



Meningococcal ACWY vaccine



HPV vaccine



MenB vaccine



Influenza (live, intranasal)



Notes:
