KATIA BAILETTI ND

Vaccine Tracking Form

Vaccination Tracking Form for _____ **Date of Birth (d/m/y)** _____
Ask your doctor to fill out one row for each shot given and to include this information in your child's medical chart.

Vaccine type	Date (d/m/y)	Doctor's name	# in series	Injection site	Injection type	Manufacturer	Drug name	Dose	Lot number
Example: DTaP-IPV-Hib	1/1/08	Joseph Wang	1st	Left deltoid	Intramuscular	Sanofi Pasteur	Pentacel	0.5ml	7898798

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