



Child Development Center

Child Development Center **704-889-2824**

Immunization History: The Director or health official must enter the date immunization was received in the space below or attach a copy of the immunization record.

Enter the date of each dose—Month/Day/Year

Vaccine	#1	#2	#3	#4	#5
DTP/DT					
Polio					
Hib					
MMR					
Vericella					
Hepatitis B					