Hawaii National Guard's Youth Challenge Academy

Immunization Record

Name _____
(Last) (First) (Middle Initial)

☐ Male
☐ Female

Birthdate ____/____/____

Parent's Name _____ _____
(Mother/Guardian) (Father/Guardian)

IMMUNIZATIONS RECORD						
DTap, DTP, DT Td, Tdap	**Polio (IPV or OPV)**	**HIB**	**Hep B**	**Pneumococcal**	**Hep A**	**MMR**
__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	**Varicella:** __/__/__	**Measles:** __/__/__
__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	**Mumps:** __/__/__
__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	**Date of Disease** __/__/__	**Rubella:** __/__/__
Other: __/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__

TUBERCULOSIS RESULTS (TB)			
Date Placed	**Date Read**	**Results (mm)**	**Physician, APRN, PA or Clinic Stamp**

CHEST X-RAY RESULTS			
Date	**Results**		**MD**

Physician, APRN, PA or Clinic Stamp (Print and Signature) Below and Date

Print: _____ **Signature:** _____ **Date:** _____

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