

# Hawaii National Guard's Youth Challenge Academy

## Immunization Record

Name \_\_\_\_\_  
 (Last) (First) (Middle Initial)

Male Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Female

Parent's Name \_\_\_\_\_  
 (Mother/Guardian) (Father/Guardian)

### IMMUNIZATIONS RECORD

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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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