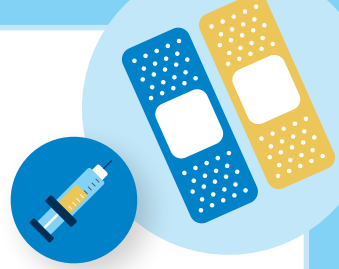


Recommended Immunization Record



Name _____

DOB ____/____/____

	Date	Birth	1 Month	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	19-23 Months
Hepatitis B (HepB)		HepB	HepB			HepB				
Rotavirus (RV)				RV	RV	RV				
Diphtheria, tetanus and acellular pertussis (DTaP)				DTaP	DTaP	DTaP		DTaP		
Haemophilus influenzae type b (Hib)				Hib	Hib	Hib	Hib			
Pneumococcal conjugate (PCV)				PCV	PCV	PCV	PCV			
Inactivated polio virus (IPV)				IPV	IPV	IPV				
Influenza						Influenza (yearly)				
Measles, mumps and rubella (MMR)							MMR			
Varicella							Varicella			
Hepatitis A (HepA)							HepA			

Call (855) 801-4635, Press 5 for "other choices," then press 0 to reach a Customer Service Agent.

Shaded boxes indicate the vaccine can be given during shown age range.

Source: Centers for Disease Control and Prevention. For more information on each immunization and the disease they prevent visit www.cdc.gov/vaccines.

This information is provided for educational purposes only. It is not intended to take the place of your doctor's independent medical judgment. You should consult with your doctor regarding your health care needs. In addition, information and recommendations are not a guarantee of BCBSAZ coverage of services or supplies.

Para obtener asistencia en Español, llame al (602) 864-4884 or (800) 232-2345 ext. 4884.
Kung kailangan niyo ang tulong sa Tagalog tumawag sa (877) 475-4799.
Dineke' ehgo shika at' ohwol ninisingo, kwijigo holne' (877) 475-4799.

如果需要中文的帮助, 请拨打这个号码 (877) 475-4799.